V. S. No. 1 N. B.

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | |
|----------|-------------------------------|--|
| | | |

| | N DEATH | 9874 |
|------|--------------------|---------|
| | Registration Dist. | No. 141 |

| 1. PLACE OF DEATH | <u> </u> |
|--|--|
| County Fredsuch | Registration Dist. No. 141 |
| Village or City Knex ville - Md. | No. St., Ward |
| Length of residence in city or town where death occurredyrs | (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME YOULD Robinta BELD | - Stallath |
| (a) Residence: No. 1910 - Mad | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED | MEDICAL CERTIFICATE OF DEATH |
| Male Whit Buyong (rurise the word | |
| 5a. It married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) FIA 50 , 103 | () 1935, to 6 5 7 20 , 1935 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS tha | - autorium |
| RD 00 5.1 | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trede, profession, or particular kind of work done, as SPINNER, | were as follows: Date of enset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this occupation (month and | /ADAN) |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Still for |
| Spent in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) 1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | A |
| (State or country) | - Tremature Bush |
| 13. NAME Charles William Bell 14. BIRTHPLACE (city or town). The oxyville. | |
| 14. BIRTHPLACE (city or town) | Nama of operation Dete of |
| | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mureline That | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida? |
| 17. INFORMANT Bharles William Brill (Address) | Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | - Manage of Intern |
| Place Bully lighting Date of 21 ,19 1 | Manner of injury |
| 19. UNDERTAKER & A. Felfed Some | 24. Was disease or injury in any way releted to occupetion of daceased? |
| (Address) formaniell | If so, specify |
| 20. FILED Self 20, 1935 Gens H. S. Hady co | (Signed) |
| / Registrar | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of milens A AVELOR | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis Col. 9 100 | 3 days ago |
| | | GENERAL | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

Length of residence in city or town where death occurred or where death occurr 2. FULL NAME Mrs, . Sarah Annie Elizabeth Bierley U.S. Jetsan specify WAR..... If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) September Female White Married 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of Charles E. Bierley 19 3, to 17, 19 75 10. 30 M. 19 3 - death is said 6. DATE OF BIRTH (month, day, and year) March 23, 1866 to have occurred on the date stated above, at 1:10 P.M. 7. AGE Years Months Days If LESS than 1 day ...-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 69 24 or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Housewife 9. Industry or business in which work was done, as SILK MILL. At Home SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)
spant in this this occupation (month end occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Maryland (State or country) FATHER 13. NAME Henry Wachter 14. BIRTHPLACE (city or town) ----Name of operation. Maryland (State or country) MOTHER 15. MAIOEN NAME Sarah Keiser 23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Maryland Where did injury occur? (Specify city or town, county and State) Charles E. Bierley Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Frederick, Md. 18. BURIAL, CREMATION, DR REMOVAL

Place Mt. Olivet Cem. Date 9/19/35 10

M.R. Etchison & Son

A. 19 12.

Frederick, Maryland

19. UNDERTAKER

(Address)

Manner of Injury ... Nature of injury. 24. Was disease or injury In any way related to occupation of deceased? If so, specify ___

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat

red

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1 | Example II | |
|--|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| Section of the sectio | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL S | PACE I | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|--------|-----|---------|------------|----|-----------|
|--------------|--------|-----|---------|------------|----|-----------|

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| Example I | 470 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| The state of the s | 13 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF | | | | 107-0 | 12 |
|---|-----------------------------|-----------------|-------------------------------------|--|------------------|
| County | Frederick | | | Registration Dist. No. 13 | |
| Village or €it | - Unionvi | TTe | . (10 | No. St., f death occurred in a hospital or iostitution, give its NAME instead of street and | Ward |
| Length of reside | nce in city or town where d | eath occurred 1 | 6 yrs 5 mos | sds. How long in U.S. if of foreign birth?yrs, | mosds. |
| 2. FULL NAM | Minnie | M. Bost | ain | | |
| (a) Residence | : No. U1 | nionvil | | St., Ward. | |
| PERSONA | L AND STATISTI | (Usual place | | If conresident give city or town as | |
| | 4. COLOR OR RACE | | RIED, WIDOWED, | 21. DATE OF DEATH | |
| Female | White | OR DIVORCE | D (write the word) ngle | September, 5, | ., 1935 a(Yaar) |
| 5a. If married, widowed HUSBAND of (or) WIFE of | l, or divorced | | | 22. I HEREBY CERTIFY, That I ettende | d deceesed from |
| 6 DATE OF RIRTH (m | onth, day, and yaar) 186 | 60-2-16 | | 1 1 1 1 1 1 1 1 1 1 | S daath is said |
| 7. AGE Yaars | | Days | If LESS than | to have occurred on the date stated above, 12:15am. | 2, 00000 10 0010 |
| 66 | 6 | 19 | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | |
| 8. Trade, professi | on, or particular | | , or | note as tollows. | Date of enset |
| SAWYER, B | | None | | . Tenershand listerio-Selevans | 1928 |
| 9. Industry or bu | one, as SILK MILL. | | | Groneha Pnemnonia | 9-3,30 |
| 10 Date decaased this occupe | BANK, etc | spa | ime (yaars) ntin this upation | | |
| 12. BIRTHPLACE (city (State or countr | | rick Co | | Other Contributary Causes of importance: | |
| 1 | James Mad: | | stain | | |
| Ē | Francis | derick | | none | |
| 14. BIRTHPLACE (| city of town) | rvland | | Neme of operation Dete of What test confirmed diegnosis? Was there are | |
| 15. MAIDEN NAMI | | C.Just | ice | 23. If daath was dua to external causes (VIOLENCE) fill in also the following | |
| 15. MAIDEN NAMI | , | derick | Co, | Accident, suicida, or homicide? Date of injury Where did injury occur? | - |
| 17. INFORMANT(Address) | Miss Rober | cta Bos | tain, | (Specify city or town, county and St Specify whether injury occurrad In INDUSTRY, in HOME, or in PUBLIC P | ate) 'LACE. |
| 18. BURIAL, CREMATIO | Unionvi | LIE WIG | | Manner of injury | |
| PlacaLing | anore Cemt; | y Date Sep | t. 7,135. | - Natura of injury | |
| 19. UNDERTAKER(Addrass) | 6.m. Winfi | Statta | 7 | 24. Was disaase or injury In any way related to occupetion of decaased? | ns. |
| 20. FILED SLAT | 6 ,1935 11 | Quefu | Lall Revistrar | (Signad) Las. I have h | M. D. |

-WRITE PLAIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | • | Example II | |
|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| OCT 3 1936 | | | |
| Other contributory causes of importance. S. | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 9878 |
|--|---|
| 1. PLACE OF DEATH County Lize derial | 119 |
| Village or City 33 glill 31 | Registration Dist. No. / 3 / Ward |
| | If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs,mos,ds |
| 2. FULL NAME LANGE + 1. 730 | sular |
| (a) Residence: No. | St. Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Sept. 26 1935 |
| 50 Il married without stimul | (Montl) (Oay) (Year) |
| 5a. II married, widowed, or divorced HUSBANO of (or) WIFE of | 22. SI HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) March 14,1935 | I last saw h. W. alive on Saft 26, 1935; death is sai |
| 7. AGE Years Months Oays If LESS than I dey,hrs. | more as follows. |
| 9 Trade profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this recrustion (months and | Sept 1 |
| 10. Dato deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) (ddle tow) (State or country) | Other Coutributory Causes of importance: |
| 13. NAME GRalph Asonylus | |
| 13. NAME 12 plants on the state of the state | Name of operation Zeoue Date of Whet test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Wellielapole | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Wellielepole 16. BIRTHPLACE (city or town) Middle owns (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT 113 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Middle town Date Sept 28,1933 | Manner of injury ZCOW |
| 19. UNDERTAKER STANDING (Address) W. Address Address | 24. Was disease or injury in any way related to occupation of deceased? Zeo |
| 20. FILED Sept 27., 1935 D. Torrespondensed. Registrar. | (Signed) Select Harp M. [(Address) Frid Statown |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 3 11 11 | Example II | |
|---|---------------|--|---------------------------|
| The principal cause of death and related eauses of importance were as follows: Arteriosclerosis 5 1935 | Date of onset | The principal cause of death and related eauses of importance were as follows: Attack of epilepsy | Dete of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| X | R | 2 | K | |
|---|---|---|---|--|
| (| X | 1 | 3 | |
| 3 | ~ | 7 | 1 | |
| | | | | |

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. bery important. See instructions on back of certificate. pe OF DEATH in plain terms, so that it may mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

| 1. PLACE OF DEATH | |
|--|--|
| County Frederick | Registration Dist. No. 141 |
| Village or City Bourie | No. St. Ward |
| 4/3 (lf | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Den 11 Q 1.1 01 | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME WM IT Doubleholde | If U.S. Veteran specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word) | 21. DATE OF DEATH |
| male white married | (Month) (Dey) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | 22A HEREBY CERTUPY, That I attended deceased from |
| (or) WIFE of anna W Reed | Musual 1935 to Sept 3/ 1935 |
| 6. DATE OF BIRTH (month, day, and year) July 14 1863 | I last sayn. 44 alive on 44 9 9 , 1935; deeth is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et |
| 72 2 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows: |
| 8. Trede, profession, or particular kind of work done as SPINNER. 13 940 R | (A) = 1 = 3 |
| kind of work done, as SPINNER, 83 9 70 8 SAWYER, BOOKKEEPER, etc. | COCOTAL Juney: sec- |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | onday Quistion: one month a cweek. |
| work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this | Grimony agrithesioma, in shin of orecha Duration! |
| year) 19-32 occupation | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | 0 4 |
| (State or country) | Treath of human on |
| 13. NAME Anel Dankholde 14. BIRTHPLACE (city or town) | rack Vristory hour bud |
| 14. BIRTHPLACE (city or town) | Name of operation |
| | What test confirmed diagnosis? |
| E | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| Jun Z Burkholder | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT WM (Address) Washington & C | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place/W Wwith Oate Oate 2, 1995 | Nature of injury |
| 19. UNOERTAKER S. H. Leity & Sons | 24. Was disease or injury in any vay related to occupation of deceased? |
| (Address) 1/3 runsunck m. | If so, specify |
| 20. FILEO. SUN 22, 1935 Mrs. N. N. Hidge | (Signed) M. D. |
| Registfar. | (Address) |

11 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|----------------------------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago 1 week ago 3 days ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
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V. S. No. 1

tement of OCCUPA-

Exact

CAUSE OF DEATH in plain terms, so that it may be properly classified.

THE TREE POBLES LIMIT

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| 1. PLACE OF DEATH | (96) |
|--|--|
| County Truderick | Registration Dist. No. 191 |
| Village or City Bruesmick | NoSt.,Ward |
| | If death occurred in a hospital or institution, give its NAME instead of street and number) Sds. How long in U.S. if of foreign birth?yrsmosds. |
| to the of Season (Note | If U.S. Veteran specify WAR |
| 2. FULL NAME I FULLY CLOSE CAN | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH LEFT 21, 193 5 (Year) |
| Sa. If matried, widowed, or divorced HUSBAND of (or) WIFE of Virginia Funk | 22. I HEREBY CERTIFY, That i ettended deceased from 19 |
| 6. DATE OF BIRTH (month, day, and year) | i last saw h alive on, 19; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, atm. |
| near 73 5 6 1 day,hrs | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, R Section Trace SAWYER, BOOKKEEPER, etc. 9. Andustry or businass in which work was, done, as SILK MILL Southern R SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTIPLACE (city or town) (State or country) | Deal-an Arreiral, hagheur. Arhaged hour mouth. Deal standard and areas of importance: |
| 14. BIRTHPLACE (city or town) | Name of operation None Dete of |
| (Stata or country) | Whet test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Zoligabeth Oury 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Zewis Carles (Address) | 23. If death was dua to external ceuses (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Work Stock Verbate 8 pt 24, 193. | Manner of injury |
| 19. UNDERTAKER A Juite & Sons (Addigss), Orium with M. C. A. Agas 20. FILEO Sept 23, 19.20 Luis H. C. A. Agas Registrar. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | E-coll connection in | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis 5 1900 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | The state of the s | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE F | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|---------|-----|----------------|-------------------|----|-----------|
|------------|---------|-----|----------------|-------------------|----|-----------|

-WRITE

V. S. No. 1 N. B. pe

TION is very important. See instructions on back of certificate.

of OCCUPA.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 9881 |
|--|--|
| 1. PLACE OF DEATH | (23) |
| County Trederick | Registration Dist. No. 121 |
| Village or City Frederick | No. Walson Place St., Ward |
| Length of residence in city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Charles Phillips Cas | Zerost U. S. Veteran, specify WAR World Way |
| (a) Residence: No. Wilson Place | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Water | 21. DATE OF DEATH Sept 28 (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Oct 3. 1887 | I last saw h 2000 alive on Sept 28 , 19 20; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| 48 11 25 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER Retired clock | |
| kind of work done, as SPINNER KIND of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and this | Gulmmang Juterculous 13 yrs |
| 10. Date decesed lest worked at this occupation (month and 19)7 11. Total time (yeers) spent in this occupation 12 | |
| 12. BIRTHPLACE (city or town) Trederick | Other Contributory Causes of importance: |
| (State or country) | almoney Rhenontager |
| 13. NAME Wharles W. Castle 14. BIRTHPLACE (city or town) Men mid Aleton | Neme of operation Date of |
| (State of country) | What test confirmed diagnosis? Clunted Was there an autopsy? Nature Was there are autopsy? Nature Nat |
| 15. MAIDEN NAME Mina M. Phillips | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| 15. MAIDEN NAME William M. Phillips 16. BIRTHPLACE (city or town) Holdinsburg (State or country) | Accident, suicide, or homicide?Date of Injury |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17, INFORMANT Mrs Colored Castle (Address) Trelines mg | Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Please Measantrolle Date Cer. 1, 1930 | Nature of Injury |
| 19. UNDERTAKER LO & Colinge & A | 24. Was disease or injury In eny way related to occupation of deceased? |
| (Address) Frederices med | If so, specify |
| 20. FILED DV - Leple, 1922. In Many Registrary | (Signed) C. Cush Charle M. D. (Address) Treduce M. |

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 11 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | Run over by street car | | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| STATE OF MARYLAND | CERTIFICATE OF DEATH 9882 |
|--|--|
| 1. PLACE OF DEATH | 92-0 |
| County Frederick | Registration Dist. No. 141 |
| Village or City Rusemont near Burnau | · A No. St., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign blrth?yrsmosds. |
| 2. FULL NAME dearge w Chick | If U.S. Veteran specify WAR. |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| male white OR DIVORCED (write the word) | 13 1936 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND OF Eliza Barnhouse | 22. I HEREBY CERTIFY, that I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Feb 5 1836 | I last saw have alive on 1 1 1 5 13 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, a 230 pm. |
| 79 7 10 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| V 9 Trade nucleasion or particular | Were as rollows: Data of onset |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | |
| a Industry or business in which work was done, as SILK MILL, Flow mill | 120101011 |
| SAW MILL, BANK, etc. | 1 atomer of cart streams? |
| 10. Date deceased last worked at this occupation (month and 228 spant in this occupation occupation | Chrome |
| Joseph Constitution of the | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | A Section of the sect |
| 0 .000 - 1 | must muse |
| E | The state of the s |
| 14. BIRTHPLACE (city or town) | Name of operation Date of Was there an autopsys Was there an autopsys Date of |
| # 15. MAIDEN NAME Toliza Umbaugh | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| The second secon | Accident, suicide, or homicide? Date of Injury 19 |
| 16. BIRTHPLACE (city or town) (State or pountry) | Where did Injury occur? |
| Ges 3. Phil | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Branswick Md | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Marks all Date Sept 17, 1933 | Nature of injury |
| 19. UNDERTAKER 19 622 72 9000 | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Burnawick Mel | If so, specify |
| 20. FILED Affl 16,1935 Mrs. W. J. Ardan | (Signed) M.D. (Meress) Mutuacial M.J. |
| If more blanks are needed, address State Registrar, | 2421 N. Charles Street, Ballimore, Requesting U. S. No. 2. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| act 5 1985 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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V. S. No. 1

| | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
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| County Frederick | Registration Dist. No. 144 |
|---|---|
| Village or City Thomas Lewisto | Walf death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Hartmde May le leur | if U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Sept. (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from 19.35, to Sep. 9. 19.3 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, Parks. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this | Still born due to Osphyvia i Mo Doctor present at |
| year) occupation 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causes of importance: |
| 13. NAME Reymond C. Clem 14. BIRTHPLACE (city or town) Frederick Co. | Name of operation. No co |
| (State of County) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Edith Elizabeth Biddle 16. BIRTHPLACE (city or town) Frederick Co. (State or country) Fred. | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT (Address) Thermont med 18. BURIAL, CREMATION, OR REMOVAL Place Ite (a Clinetery Date Sep. 10 19.3 | Manner of injury |
| 19. UNDERTAKER Paymond C. Clem Lather. (Address) | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED Seft 9 , 1935 anna M. Registrar. If more blanks are needed, address State Registrar | (Signed) Laura Than M (Address) Justinout Ma |

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| Example I The principal cause of death and related causes—Date of onset of importance were as follows: Arteriosclerosis 1915 | | | Example II | | |
|---|----------------|-------------|--|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | |
| Chronic interstitial nephritis | OCT 4 1995 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 111.1 7 200- | July 5,1927 | Peritonitis | 3 days ago | |
| | RIIDPAU V. S | | | | |
| Other contributory causes | of importance: | 107 1 | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

| This baley's death was apparently due to an payria in cident |
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| to breech presentation and delayed delivery of delen Coming head |
| I was not regular family physician lant futor called at flast |
| minute and baby was was alad when I Drived |
| Signed gast Fray Me. N. |
| , A , I , I , I , I , I , I , I , I , I |

-WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

9884

| : | 1. PLACE OF | DEATH | | | W.Cota. Pr | - (94.P) | | 10/ |
|------------|------------------------------|--|---|--|-------------------------|---|--|--------------------|
| | County Fr | ederick | | Modern Care | | (1.6) | Registration Dist. No. | 121 |
| | / Village or Cit | y Frederick | · | | No. 246 | F. Sevent | ch s | t.,Ward |
| 1 | Length of reside | ence in city or town where | death occurred | 50 yrs | f death occurred in a h | ospital or institution long in U.S. if of fo | n, give its NAME instead of street preign birth?yrs | mos. ds. |
| / | | E Walter Co | | | | eteran specify | NYONTE | |
| | (a) Residence | 040 D | Seventh | of shade) | 42 | Ward. | 53 (III-12), 000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 44040004444 |
| | (a) Nesidence | s. 140. | (Usual place | of abode) | SACTOR WINDS WHEN P | •••••••••••••••••••••••••••••••••••••• | If nonresident give city or tow | n and State |
| _ | | L AND STATIST | TICAL PARTI | ICULARS | ME | EDICAL CER | RTIFICATE OF DEAT | гн |
| 3. | male | 4. COLOR OR RACE white | 5. SINGLE, MAR OR DIVORCE married | RIFD, WIDOWED, D (write the word) | 21. DATE OF | | September 25th | • 9 , 193 5 (Year) |
| 5a | HUSBAND of L | d, or divorced illie Hoffma | .n | | | | CERTIFY, That I att | |
| 6. | DATE OF BIRTH (m | nonth, day, and year) NC | ov. 6, 185 | 8 | G-/- Bast saw h im | DEAD | | 35; death is said |
| 7. | AGE Years | | Days | If LESS than 1 day,hrs. | | | bove, at 10.30P m | |
| ļ | 76 | | 19 | ormin. | were as follows: | AUSE OF DEATH | and related causes of importance | Oata of onset |
| NO | 8. Irade, professi | ion, or particular rk done, as SPINNER, BOOKKEEPER, etc. | arpenter | | Cata | Schore | | 7. |
| AT | Industry or bu | | | | East | ALL CO | of Present | 9-15-24 |
| OCCUPATION | SAW MILL, | , BANK, etc | | | | 1 | | 1 |
| 00 | | last worked at Jan. | 1922 11. Total t | ime (years)45 nt In this upation | | | | |
| | | Naryla | | | Other Contributory | Causes of importa | nce: | |
| 12 | BIRTHPLACE (city country) | | | | - | •••••••• | | |
| HER. | 13. NAME Jam | es D. Cockre | 11 | | | | | |
| FATHER | 14. BIRTHPLACE (| | nia | | Name of operation | | Dat | e of |
| - | (State or c | | | | What test confirme | d diagnosis? | Was the | re an au'opsy? |
| MOTHER | 15. MAIOEN NAM | | | 1 | | to external causes | (VIOLENCE) fill in also the fol | Howing: |
| MOM | 16. BIRTHPLACE (| city or town) Mary | land | ************ | Accident, suicide, o | or homicide? | Date of injury | , 19 |
| | | y F. Cockrel | 7 | | Where did Injury | | (Specify city or town, county as | nd State) |
| 17 | (Address) | Frederick, | Md. | | Specify whether in | jury occurred in it | IDÚSTRÝ, IN HOME, OT IN PÚBL | IC PLACE. |
| 18 | BURIAL, CREMATIC | | | | Manner of injury _ | / | | |
| | Place t. QI | ivet Cem.Fre | d Date Sept | 27, 1935 | - Nature of injury | | | |
| 19 | . UNDERTAKER | M. R. Ftchis | | | 24. Was disease or | injury in any way | related to occupation of decease | d7 20 |
| - | (Address) | Frederick, N | id. | | If so, specify | 11. 4 0 | | |
| 20 | FILED 7-1 | 4h. 19.35 | Ina h | . Curly | (Signed) | 1 0/2 | mur de | M. D. |
| U | | 1 | | Registrar. | (Addre | ss) of red | ery. my | H |

If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 007 5 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage SUREAU V S | July 5,1927 | Peritonitis | 3 days ago |
| RORUM | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| STATE OF MARY | AND-CERTIFI | CATE OF | DEATH |
|---------------|-------------|---------|-------|
|---------------|-------------|---------|-------|

9885

| 1. PLACE OF DEATH | (82·cc) |
|--|--|
| County Thed | Registration Dist. No. / 3 |
| Village or City Locust Valley | NoSt.,Ward |
| Length of residence in city or lown where death occurred 600 yrs | (If death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsds |
| c 10 4 if 1 | |
| 2. FULL NAME Ella le leulus | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | |
| SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDO | |
| Finale White OR DIVORCED (write the | 1930 |
| a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY That I attended deceased from |
| Caward Outver | Nept 26, 1935 to loft 28, 1935 |
| DATE OF BIRTH (month, day, and year) dec 16 18 | 62 Hast saw h land alive on Acht 28 1935; death is sail |
| AGE Years Months Days If LESS | |
| 72 9 2 1day, | min ware as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Date of ones |
| SAWYER, BOOKKEEPER, etc. | Cerebral Hecconteage Sept |
| 9. Industry or business in which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this year) | 04 |
| 7 - t 0, 10. | Other Coutributory Causes of importance: |
| 2. BIRTHPLACE (city or town) | |
| 13. NAME Henry mass | |
| 74. 186 5 | |
| 14. BIRTHPLACE (city or town) / Muddle trans | Neme of operation Date of Date of |
| The second secon | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Calharme me. 13.24 | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Toatharme me Gras 16. BIRTHPLACE (city or town) Muddle Gras (State or country) Many Russ of | Accident, suicide, or homicide? Date of Injury, 19 |
| (State of County) | Where did Injury occur? (Specify city or town, county and State) |
| 7. INFORMANT & Assert Uselline (Address) Luciat Valley | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL | Manner of injury Zeone |
| Place Locust Vally Date Del 1 | 19.7.2. Nature of Injury |
| 9. UNDERTAKER Saladbill Ed | 24. Was disease or injury In any wey related to occupation of deceased? Zeo |
| (Address) | If so, specify |
| (Apt 10) 26 A Ph. (V | (Signed) & Elser Lark M. |
| 20. FILED CLECK 19.77 DE COTAL SELLE Regi | istrar. (Address) ' Mi All town |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I | rest Pro | Example II | |
|---|-------------|--|---------------|
| The principal cause of death and related of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1007 5 19 | 35 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 3886 |
|---|--|------------------|
| 1. PLACE OF DEATH | (131) | 121 |
| County Frederick | Registration Dist. No. | 2/ |
| Village or City Manuerus - (16 | No. Clinically Has St. t. | Ward |
| | ds. How long in W.S. if of foreign birth?yrs. | |
| (a) Residence: No Barthland Freder (Usual place of abode) | Ward Man I noncesident wife city or town and | L) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED write the words | 21. DATE OF DEATH Syst 30 (Month) (Day) | , 193 5 (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | | |
| (or) WIFE of Julie Klursey. | Sent 28 10 35 to 10 3 | deceased from |
| 6. DATE OF BIRTH (month, day, and year) July 4 1867 | I last saw h. etc. alive on Less Bo 19 33 | t; death is said |
| 7. AGE Years Month Days If LESS than | to have occurred on the date stated above, at | |
| 68 2 26 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Dete of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | Urunia | 841.2 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | | |
| 10. Date deceased last worked at this occupation (month and sept. 3) II. Total time (years) spant in this occupation 40 | | |
| 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causes of importance: Chaque Pure Ayen To he he des | 192-Y |
| 13. NAME Identy Philips | - Topica ringocaratis | 1100 |
| 13. NAME Identify Philips 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of | 2,0 |
| 15. MAIDEN NAME Mary Williams | What test confirmed diagnosis? | |
| 15. MAIDEN NAME Mary Williams 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury | |
| 17. INFORMANT Mrs. M. Shifer Mouleque | Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | e) AGE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Mensel Cempate Oct 1, 1970 | Manner of injury | |
| 19. UNDERTAKER ALE Falsoner (Address) new marked med | 24. Was disease or injury In any way related to occupation of deceased? | 20 |
| 20. FILED So leps, 1935. In Tarry Registrary | (Signed) Office (Address) And Address | 2 M. D. |
| If more blanks are needed, address State Registrat. | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial mephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage OCT 5 1933 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

| infor- | state | UPA- | |
|--|---|--|--|
| Jo | plu | Ç | |
| item | shor | o jo | |
| IY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | IH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | / |
| D. | SI | stat | |
| OB | H | 13 | |
| RECOR | | Exa | |
| ZZ | LY | -: | |
| NE | E | fied | |
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| SRA | X | Co | ei ei |
| PI | q I | rly | cat |
| A | ate | obe. | tif |
| I IS | st | pr | cel |
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| T | plu | nay | ack |
| VK- | sho | it n | n b |
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| N | V | o th | tion |
| AD) | d. | So for | ruc |
| NF | plie | rm | inst |
| n | ans | n te | ee |
| TH | lly | olain | ortant. See instructions on back of certificate. |
| W | efu. | in I | ant. |
| 5 | ar | H | rts |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 93-0

| County | Frederick | **************** | | Registration Dist. No. | 04 |
|--|---|---|----------------------|--|-------------------|
| Village or | City Fred | erick | Se Cores | No. 42 Fast South St. St., death occurred in a horpital or institution, give its NAME instead of street and management of the street | Ward |
| | | | | death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?yrsme | |
| | | | | | |
| 2. FULL NA | ME George | Grover Engelbr | recht.S | r. If U.S. Veteran specify WARNONE | ***************** |
| (a) Reside | nce: No. 42 Eas | (Usual place of abode) | | St., Ward. If nonresident give city or town and | State |
| PERSOI | NAL AND STATIS | TICAL PARTICULA | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX Ma.1è | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WI OR DIVORCED (write to Wid OW | IDOWED, the word) | 21. DATE OF DEATH 27 (Dey) | , 193 (Year) |
| 5a. If married, wido HUSBAND of (or) WIFE of | wed, or divorced Susan | Young | | 22. THEREBY CERTIFY That attended | |
| S DATE OF BIRTH | (month, day, and year) | 1. 1. 2 1 | \$ 59 | | ; death is said |
| | ears Months / | Days I If L | ESS than | to have occurred on the date stated above atm. | |
| 0 | 16 2 | 1 | hrs. min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| 8. Trade, prof | ession, or particular work done, as SPINNER, | Retired Butche | a pr | Conson Continu | 121 |
| Industry or | | | | Country occurred | Jack |
| NOTE AND THE SAW ME TO THE SAW | as done, as SILK MILL, F1 ILL, BANK, etc | red. County Pro | oducts | | |
| 10 Date decea this occ year) | sed last worked at upation (month end | | rel | | |
| 12 RIRTHPI ACE (| city or town) | The second of | | Other Contributory Causes of Importance: | |
| (State or co | | | | Metery Selvery | |
| 13. NAME | George G. En | gelbrecht | | Chinic Upcardut | |
| 13. NAME | CE (city or town) | | | Name of operation Date of | 11. |
| | | th Derr | | Whet test confirmed diagnosis? Was there en a 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| 16. BIRTHPLAC | CE (city or town) | | | Accident, sulcide, or homicide? Date of injury Where did injury occur? | |
| 17. INFORMANT (Address) | George G. | Engelbrecht | | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/ | e) ACE. |
| 18. BURIAL, CREMA | TION, OR REMOVAL Fr | | 35, 19 | Manner of Injury | |
| 19. UNDERTAKER _ (Address) | M.R.Etchisc Frederick, M | | | 24. Was disease or injury in environment to occupation of deceesed? | 1/0. |
| 20. FILED 28 - 2 | 1 1 2-0 | Cro I his a | ndy | (Signed) | М. D |

B.—WRITE ż

rion is

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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| Example I | | Example II | - 3 |
|--|-------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis OCT 5 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| December of the Control of the Contr | 100 de 11 minutes | e li | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| : e : | STATE OF MARYLAND— | CERTIFICATE OF DEATH 9858 | |
|--|---|---|-------|
| infor- state UPA- | 1. PLACE OF DEATH | (210.m) | |
| | county Frederick Town in | Registration Dist. No. 131 | |
| item of should of OCC | Village or City The See See See See | No Frederick all Sty. (1) of death occurred in a hospital or institution, give its NAME instead of street and number) | ard |
| TY if | Length of residence in city or town where death occurredyrsmos. | | _ds. |
| Ever | 2. FULL NAME Edward S. F | tink (N) YererAN | |
| RD. J | (a) Residence: No. Walkerswill (Usual place of abode) | Reference Ward. (July State) If nonresident give city or town and State | |
| PH act | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| T REC. Y. PF. Exact | 3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nurice the word) | 21. DATE OF DEATH (Month) (Day) (Year) | |
| ANEN CT I | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tannie Finh | 22. JHEREBY CERTIFY, That I attended daceased | - 17 |
| BINDI ERMAI EXAC y classi te. | 1.15111970 | 1935 to 1935 (death is | J |
| BI PEI E | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at 10.19.5 | said |
| FOR B. IS A PE stated E properly certificate | 7 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| FO IS star | 8. Trade, profession, or particular | were as follows: Ulernal regionses. Date of or 9.30 | |
| Lee S O | bind of work done on CDIMNED | Tolling auto wolde 12 | kh. |
| RVEI ould b may b back o | SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | accident | |
| INK—T should tit may on back | O I To Data deceased last worked at 11, Total time (years) | | |
| | this occupation (month and year) fell 19 19 19 19 19 19 19 19 19 19 19 19 19 | | |
| E . E _ | 12. BIRTHPLACE (city or town) Daton Ohio | Other Contributory Causes of Importance: | |
| RGIN VFAD) plied. rms, se | (State or country) | none | |
| NF NF plic plic inst | II 13. NAME Yev. W. Integ | | |
| MAR H UNI supplin tern See ins | 4 14. BIRTHPLACE (city or town) | Name of operation Data of | |
| ITH Illy plain | (Stata or country) | What test confirmed diagnosis? Was thera an autopsy? | w |
| WIT] efully in pla ant. | 15. MAIDEN NAME Margarly Smilk | 23. If death was due to external causes (VIOLENCE) fill In also the following: | |
| Y, | [16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? accident Date of injury 9/17. , 193 | 3 |
| INLY, W) be carefu EATH in j | (State or country) | Where did injury occur? Walkerswille Wel (Specify city or town, county and State) | |
| ABBA | 17. INFORMANT MVS. Educated Tomk. (Address) Walkersville Ind. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| Shou OF | 18. BURIAL, CREMATION, OR REMOVAL Walkersuffs | Manner of injury Alsuela lay autourolite | |
| WRITE ation s AUSE ION is | Place Glade 5em Date Sept. 020, 1935 | Nature of injury wot determined | |
| WRIT mation CAUSI | 19. UNDERTAKER Y. W. Wright | 24. Was disease or injury In any way related to occupation of deceased? 200 | |
| B. No. | (Address) Walkers of Miles | If so, specify (Signed) (Signed) | M D |
| » × × | 20. FILED & Slight, 19 25 Ind Registrar | (Address) Free Wel | m. D. |
| | | 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1. | _ |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis OCT 5 1955 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

N. B.-WRITE

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | | - CECa | |
|---|------------------|--------------------------------------|---|--|
| County Frederick | | | Registration Dist. No | 1 |
| Village or City | | | NoSt., f death occurred in a hospital or institution, give its NAME instead of street and | |
| Length of residence in city or town where | | | sds. How long in U.S. if of foreign birth?yrsm | 10sds. |
| 2. FULL NAME Lillie | Ann F | leagle | If U.S. Veteran apecify WARNO.a | |
| (a) Residence: NoThurm | ont (Usual place | of abode) | St., Ward. If nonresident give city or town and | d State |
| PERSONAL AND STATIS | TICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX Female 4. COLOR OR RACE White | | P. (with the word) | 21. DATE OF DEATH September. 16th. (Month) (Oev) | ., 195 (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Henry C 6. DATE OF BIRTH (month, day, and year) | . Fleag | le h.1855 | 22. I HEREBY CERTIFY, That I attended 1935, to Sept 16" I last saw held alive on Sept 16" 193. | deceesed from 19.3.8. S; death is said |
| 7. AGE Years Months | Oeys | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at _930m_ M The PRINCIPAL CAUSE OF DEATH and related causes of importance weyer as follows: | Oate of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Housewif | e | Injury to fram from | 8/28/38 |
| Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) | 29 11. Total t | HOME ime (years) 40 nt in this | | |
| 12. BIRTHPLACE (city or town) | rmont Md | | Other Coutributory Causes of Importance: | 1925- |
| E 13. NAME Wm. L. Cr | eager | | | |
| 13. NAME Wm. L. Cr. 14. BIRTHPLACE (city or town) Thu: (State or country) | rmont Md | | Name of operation Date of What test confirmed diagnosis? | 0 1 |
| # 15. MAIDEN NAME Elizabe | th M Ro | uzer | 23. If death was due to external causes (VIOL ENCE) fill in also the followin | |
| 15. MAIDEN NAME Elizabe 16. BIRTHPLACE (city or town) (State or country) | mont Md | | Accident, suicide, or homicide? AC Calud Date of injury \$12 | 2,1935 |
| 17. INFORMANT George W. (Address) | Fleagl | е | (Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL | te) .ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Thurmont, U.B. | | | Manner of injury fell on floor feeth Nature of injury progression paralysis | |
| M. L. Cr. 19. UNDERTAKER TRUPPION (Addiess) | eager &. | | 24. Was disease or injury In any way related to occupation of deceased? | vo. |
| 20. FILED Dept. 18 1935 - Ch | ma M. | Onlo Registrar. | (Signed) Marris a Surily (Address) Chamber 1 | ud. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | ļ | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| RUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 9890 |
|--|--|
| 1, PLACE OF DEATH | (37) |
| County Grederick | Registration Dist. No. 130 |
| Village or City Pount of Cocks | 1 No. Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurred 25 yrsmos. | ds. How long in U.S. if of foreign birth?yrsmosde. |
| 2. FULL NAME Ldward Franklyv 1 | ref |
| (a) Residence: No. Journ of Rocks (Pound place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write theyword) White Married | 21. DATE OF DEATH Self 15 (Pay) (Year) |
| 5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Sarah Slaffer | 22. HEREBY CERTIFY Thet Lattended deceased from |
| Section 9, 1 | March., 1930, to 2001, 1933 |
| 6. DATE OF BIRTH (month, day, end yaar) July 24, 1854 | I lest saw h. 1777 alive on 190 0; deeth is seld |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at |
| 8/ /2 Z 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH end related causas of Importance were as follows: Oate of onset |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc 9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, atc 10. Date decessed last worked at this occupation (month and spent in this company). | arterioselerosis 1915 |
| 9. Industry or business in which work wes dona, es SILK MILL. | |
| work wes dona, es SILK MILL, Jewes January SAW MILL, BANK, atc | |
| 10. Date decesed last worked at this occupation (month and 90 spent in this occupation (cupation 40 MM) | |
| yeer) to observe the second | Other Contributory Causes Limportence: |
| 12. BIRTHPLACE (city or town) Man Jonesville | Proelate Hypertroph 1932 |
| (State or coupty) Verging | |
| 14. BIRTHPLACE (city or town) Journal Co. | |
| 4. BIRTHPLACE (city or town). | Name of operation I no state closury Date of the 19932 |
| (State of Country) | What test confirmed diagnosis? Was there en eulopsy? |
| 15. MAIDEN NAME Christian Stoneburner 16. BIRTHPLACE (city or town) | 23. If deeth wes due to external causes (VIOLENCE) fill In elso the following: |
| 6 16. BIRTHPLACE (city or town) | Accidant, suicida, or homicida? Deta of injury |
| (State or country) Sources by Va' | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Mrs. Addie Blessing | Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Visit of Rocks Mus | Mennar of Injury |
| Piece At Pauls Com Date Sept 17, 19 3 | Nature of injury |
| 19. UNDERTAKER M. R. Celchisas you | 24. Wes disease or injury in any way related to occupation of daceased? |
| (Address) Gredericky, Md. | If so, specify summer g. I vottle life |
| 20. FILEO Seft 15, 1935 fortlesed Registrar. | (Signad) M. D. (Addrass) (|
| OIf more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborcr" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis | II h | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Combal harman and a company to the c | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| / | STATE OF MARYLAND— | CERTIFICATE OF DEATH | 102 |
|------------|---|--|----------------|
| /1 | . PLACE OF DEATH | | O D A. |
| | County Fledersch | Registration Dist. No. 3 | |
| | Village or City Tredenck (II | y No. Ato Abelial St., dyath occurred in a hospital or institution, give its NAME instead of street and nun | Ward |
| | Length of residence In city or town where death occurredyrsmode | | |
| 2 | FULL NAME Same Mr. Grown | Laver) | |
| | (a) Residence: No. The guldend My (Usual place of abode) | POSESSEL Ward. Warmonrefident give city or town and St. | nte |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 1 | Male 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH J. (Oay) | 93 J (Year) |
| 58. | If married, widowed, or divorced HUSBANO of (or) WIFE of Oordelig Husbana | 22. I HEREBY CERTIFY. That I attended dec | caased from |
| 6. | DATE OF BIRTH (month, day, and year) April 12 1876 | I last saw h alive on Part 2 1971; | death is said |
| 7 | AGE Years Months Days If LESS than | to have occurred on the date stated above, at 12 43 P.m. | |
| 1 | 5 9 5 9 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows: | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Charles to the state of the sta | Data of onset |
| AT | 9. Industry or business in which | - Janua of mala | gra |
| an: | work was done, as SILK MILL, SAW MILL, BANK, etc | | |
| ÖÖ | 10. Date deceased last worked at this occupation (month and 9/12/3) 11. Total time (years) spent in this year) 5. | *************************************** | |
| 12 | BIRTHPLACE (city or town) Heighland mucroville | Other Contributory Causes of importance: | |
| 14. | (State or country) | Greene. | then |
| EB | 13. NAME Philam A Saral | De hatean | |
| FATHER | 14 PIDTURI ACT (Street Anna) Ma 24 Million C | Name of operation | |
| - | (State or country) | Name of operation | opsy? Zy |
| MOTHER | 15. MAIDEN NAME, Colingbeth Hoopen | 23. If death was due to external causas (VIOLENCE) fill in also tha following: | |
| MOT | 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Oata of injury | , 19 |
| 17. | INFORMANT Messe Coulding Shares (Address) | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | Ε. |
| 18. | BURIAL, CREMATION, DR REMOVAL | Mannar of injury | |
| | Place of Sand Miles Date 7 9 2 4, 1935 | Nature of Injury | |
| 19. | UNDERTAKER Bittle Brown (Address) Migeson lle Mil | 24. Was disease or injury In any way related to occupation of deceased? | hi |
| 20. | FILED 21- Sept 19 5/ Dra m- Cuney | (Signed) A Another Cleary | M. D. |
| 1 | Registrar. | (Address) Vesting Political Politica | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BUDEAU V. S. | | | | |
| Other contributory causes of importance: | • | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | <u>'</u> | | | |

| ADDITIONAL | SPACE F | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|---------|-----|---------|------------|----|-----------|
|------------|---------|-----|---------|------------|----|-----------|

of OCCUPA-

Exact statement

stated EXACTLY. properly classified.

AGE should be

auld be carefully supplied.

certificate.

EATH in plain terms, so that it may be

important. See instructions on back of

TION is very

CAUSE mation

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (1.5) |
|--|---|
| County Tredirect Within the Corpor | Registration Dist. No. / 3/ |
| Villago or City Treduces | No. County Jack St., Ward |
| Length of rasidenca in city or town where deeth occurradyrsmo | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds, |
| 2 FILL NAME Harry The derice | 2 |
| (a) Paridonas No. 2/ E.64 | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) | 21. DATE OF DEATH Supp 10 193 5 (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorcad HUSBAND of | |
| (or) WIFE of Gladys Hessuer | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, end yeer) ape 29-1906 | dead |
| 7. AGE Years Months Days If LESS then | to heve occurred on the date stated above, et 2 9 m |
| 35 4 // 1 day,hrs. | |
| 8 Trade profession or particular | were as sollows: - Hausard River Oate of onest |
| 8. Trade, profession, or particuler kind of work done, as SPINNER, Calculations SAWYER, BOOKKEEPER, etc. | |
| kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Data dacesad lest worked at this occurrent or described the state of | |
| 10. Data daceesad lest worked at this occupetion (month end spent in this 7) | |
| this occupation (month and 19 & 3 spent in this occupation | Other Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) Trelevick 2 | Other Controllery Canses of Importance. |
| (Stete or country) | |
| 13. NAME Hicks Tlessure | |
| 13. NAME Hicks Stessure 14. BIRTHPLACE (city or town) Frederick June 1. | Name of operation Date of |
| (State or country) | Whet test confirmed diagnosis? Wes thara en eutopsy? |
| 16. BIRTHPLACE (city or town). Walkerseile | 23. If death was due to externel ceuses (VIOL ENCE) fill in also the following: 400 |
| 16. BIRTHPLACE (city or town) Walkerswile | resident suicide, a houside?] State of Deta of injury // 0/ 19 3 5 |
| (Stete or country) | Where did injury occur? Cohur, Jail Frallund (Specify city or town, county and State) |
| 17. INFORMANT Mis. alice Stesses | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Frederick Med. 18. BURIAL GREMATION, OR REMOVAL | |
| Place het blive Cina note Sept 12 1031 | Manner of Injury |
| 1-5-1-5 | Nature of injury |
| 19. UNOERTAKER OCCUPATION (Address) The Lange (S.) The D | 24. Wes diseese or injury in any wey related to occupation of deceased? |
| 20, FILEO 11- Sept 1931- Amland | (Signed) Chaws F. Gosell M. 0 |
| Algistrar. | (Address) 122 Gout Sh |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| F | Example I | 1 | Example II | |
|---|------------------------------|---------------|--|---------------|
| The principal cause of de of importance were as fol | ath and related causes lows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | OCT 5 1985 | July 5,1927 | Peritonitis | 3 days ago |
| | MIREAU V. S | | | |
| Other contributory causes | of importance | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| 1. PLACE OF DEATH County. Cou | STATE OF MARYLAND— | CERTIFICATE OF DEATH 9893 |
|--|---|--|
| Village or City The Control of Gash accord in skeptial or inflictance, give in NAME intered divers and number) Langth of residence in city or twwn where death occurred yes and the control of the whole in Us. It of foreign birth yes most discontrol of the control of the contr | 1. PLACE OF DEATH | (201-m) |
| Langth of residence in city or types where death occurred. 2. FULL NAME. (a) Residence: No. (b) Residence: No. (c) Residen | County Fredericks | Registration Dist. No. |
| Langth of residence in city or twom where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abodo) SEX 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOVED. OR DIVORCED (write the word) 5. If married, widowed, or divogred HUSBAND or Office of the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date stated down, st. Lincoln, 19.3.5. death is said to have occurred on the date sta | | |
| (a) Residence: No. (C) | | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Or, hits of DATE OF BIRTH (month, day, and year) A COLOR OR TAGE Trade, profession, or particular SAW MILL, BANK, etc. 1. Saw MILL, BANK, etc. 1. Color of worked at this exception (month and separation) Saw MILL, BANK, etc. 1. Color of worked at this exception (month and separation) 1. Saw MILL, BANK, etc. 1. Color of worked at this exception (month and separation) 1. Color of worked at this exception (month and | 2. FULL NAME Shandan Ser | the Frame po reteran |
| 3. SEX 4. COLOR OR RACE OR DYORGED (write the word) 5a. If parting, vidrowed, or diverged (cr) WHE of (Cor) WHE of (Cor | | |
| Sa. If married, victowed, or divorced HUSBAND of Corry WIFE of Corry WIF | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 5a. If married, victowed, or divorced HISSAND (car) E. DATE OF BIRTH (month, day, and year) T. AGE Years Months Days If LESS than 1 day | OR DIVORCED (write the word) | Sept. 4 1935 |
| HUSBAND of (or) WIFE of Search (worth, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day, | 7,000 | (Month) (Day) (Year) |
| 8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days H LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance work was done, as SHNNER, SAWYER, BODKKE FER, etc. Saddyr or business in which work was done, as SHNNER, SAWYER, BODKKE FER, etc. Saddyr or business in which work was done, as SH k MILL. 10. Opte decessed last worked at his occupation (month and year) 11. Total time (years) spin in 16 lis occupation Dither Centribatory Causes of Importance: Cause of Importance: Dither Centribatory Causes of Importance: What test confirmed diagnosis? Was there an autopsyn No. 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURRAL, CREMATION, OR REMDIAL Place Date Date Date Date 19. J. S. Address Manner of injury Where did injury occurred. Manner of injury in air way related to occupation of occased? Manner of injury in air way related to occupation of occased? Manner of injury in air way related to occupation of occased? Manner of injury in air way related to occupation. M. D. Calciders. Manner of injury in air way related to occupation. M. D. Calciders. Manner of injury in air way related to occupation. M. D. Calciders. M. D. | HUSBAND of | 0 |
| TAGE Vears Months Days If LESS than 1 day | 6 DATE OF RIRTH (month day and year) Nay 14-1889 | |
| Register. | | |
| R. Trade, profession, or particular skind of work done, as SPINNER, dec. SINGUIST or Dusiness in which work was done, as SILK MILL. SINGUIST or Dusiness in which work was done, as SILK MILL. SINGUIST or Dusiness in which work was done, as SILK MILL. SINGUIST or Dusiness in which work was done, as SILK MILL. SIRTIPLACE (city or town). (State or country) Dither Contributory Causes of Importance: ACCURLENT DAY, Was there an autopsys? Mill. 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?. Was there an autopsys? Mill. 23. If death was due to external causes (VIOLENCE) fill in also the following: ACCIDENT DAY, Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER. (Address) 19. UNDERTAKER. (Address) 20. FILED. 19. UNDERTAKER. (Address) M. D. (Signed) M. D. (Address) | | wasa en fallawe: |
| Description occupation Description Descrip | 8 Trade, profession, or particular kind of work done, as SPINNER, Laborate BONKEEPER etc. | Compound Fracture Stull |
| Description occupation Description Descrip | 9 Industry or business in which work was done, as SILK MILL. | Un Segrey. Spry |
| Dither Contributory Canses of Importance: Contributory Canses of Importance: Con | | |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMDIAL 18. BURIAL, CREMATION, OR REMDIAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Addres | 12. BIRTHPLACE (city or town) Woodsoo | Dther Contributory Causes of Importance: |
| What test confirmed diagnosis? Was there an autopsy? \(\text{O} \) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDIAL Place 19. UNDERTAKER (Address) 20. FILED 21. Was there an autopsy? \(\text{O} \) What test confirmed diagnosis? Was there an autopsy? \(\text{O} \) Accident, suicide, or homicide? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) M. D. Regisfrar. (Address) | 1 | 1-2000007 40 /01 |
| What test confirmed diagnosis? Was there an autopsy? \(\text{O} \) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDIAL Place 19. UNDERTAKER (Address) 20. FILED 21. Was there an autopsy? \(\text{O} \) What test confirmed diagnosis? Was there an autopsy? \(\text{O} \) Accident, suicide, or homicide? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) M. D. Regisfrar. (Address) | E mass | none |
| 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDYAL Place 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (Signed) (Signed) (Signed) (Signed) (Address) Mast test committed diagnosis: Was titler an autopsy/place Accident, suicide, or homicide? Accident, su | 4 14. BIRTHPLACE (city or town) | A. |
| Where did injury occurred: (Specify city or rown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMDIAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) | | |
| Where did injury occurred: (Specify city or rown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMDIAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address) (Specify city or rown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? (Specify city or rown, county and State) (Address) (Address) (Address) (Address) (Address) (Address) (Address) | I 13. MAIDEN HAIME | 0 - 1 1 0 111 11 |
| Where did injury occurred: (Specify city or rown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMDIAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) | O 16. BIRTHPLACE (city or town) | Accident, suicide, of nonneite: |
| 17. INFORMANT | (State of country) | (Specify city or town, county and State) |
| 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED - 19. 19. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | | Specify whether injury occurred in INDUSTRY In HOME, or in PUBLIC PLACE. |
| Place Calb Date Sight 1935 Nature of injury Company facility excelled a grant 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 1935 16 so, specify Carp 1935 | | Menner of injury of market the forestast |
| 20. FILED = - Lynn, 19 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | 10 3 1/4 121. 1110 1 1 1 1 7 5 | 9 |
| 20. FILED - Lynn, 19.35. Drs. And Carely (Signed) Effectively M. D. Registrar. (Address) Frederick Med. | | E-classes of the |
| Registrar. II (Andress) | 20. FILED - luft, 1925. Dra For anely | (Signed) Eff Thomas M. D. |
| | Regisfrar. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
|--|--|---|
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| The state of the s | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

of OCCUPA.

PLACE OF DEATH

| STATE (| OF | MARYL | AND-CERTI | FICATE C | OF DEATH |
|---------|----|-------|-----------|----------|----------|
|---------|----|-------|-----------|----------|----------|

| County Frederick. | | Registration Dist. No. 139 | 9 |
|---|---|---|-------------------|
| Village or City TATE SAN | ATORIUM N | No. St. | Ward |
| Length of residence in city or town where death | occurredyrsm | of death occurred in a hospital or institution, give its NAME instead of street and of the street and | d number) |
| 2. FULL NAME Carrie E. (a) Residence: No. 1157 Ward | Grube. | i moste, e, ward. Maryland, If nonresident give city or town a | |
| PERSONAL AND STATISTICA | | MEDICAL CERTIFICATE OF DEATH | |
| | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married. | 21. DATE OF DEATH Sept. 29 (Month) (Day) | , 193_5 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison G | rube. | 22. I HEREBY CERTIFY. That I attenda July 15 ,1935, to Sept. | nd decaased from |
| 6. DATE OF BIRTH (month, day, and year) Feb | . 15 1897 | Hast saw her alive on Sept. 29 , 1931 | a.; death is said |
| 7. AGE Years Months 7 | Days if LESS than 1 day,hrs | to have occurred on the date stated above, at 5. 25 A.m.M. a The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and nel 1935) 12. BIRTHPLACE (city or town). | 11. Total time (years) spent in the Yrs | Pulmonary Tuberculosis. Other Contributory Causes of Importance: | Dec. 1934 |
| (State or country) Mary lai | | | |
| 13. NAME Peter Langle 14. BIRTHPLACE (city or town) (State or country) Mary Iar | nd. | Name of operation | n autopsy? D.Q. |
| 15. MAIDEN NAME Margaret 16. BIRTHPLACE (city or town) (State or country) Marylar 17. INFORMANT Carrie E. Grube (Address) 157 Ward St, Ba 18. BURIAL, CREMATION, OR REMOVAL PlaceBalto. Md. | nd. | 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Data of injury Whera did injury occur? (Specify city or town, county and Single Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC For Manner of injury | ing: |
| 19. UNDERTAKER M.L. Creager (Addiess) Thurmont, Md. | Registrar. | Natura of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) State Sanatorial | no 2r M.D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | 1 | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| 12 312 | a) | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 19 | | | |
| | | | |

| 1. | 1. PLACE OF DEA | | F MAR | YLAND- | CERTIFICATE OF DEATH | 895 |
|------------|---|--|--------------------------------|---------------------|---|-----------------|
| | County Free | | Thicks the Dr | Ornora | (830) | 31 |
| 1 | | | | a participa throng. | Registration Dist. No. | |
| 1 | Village or City | | | (1) | No. 12.5 Stuttle Novice St., f death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| 1 | Length of residence in | city or town where d | eath occurred | yrsmos | ds. How long In U.S. if of foreign birth?yrsn | nosds. |
| 1 | 2. FULL NAME | Mrs. Marg | aret Elle | en Hamilto | n If U.S. Veteran specify WAR. NONE | *********** |
| | (a) Residence: No. | 435 South | Market (Usual place | Street of abode) | St., Ward. If nonresident give city or town and | d State |
| | PERSONAL AI | ND STATISTI | CAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | SEX Female 4. COL | OR OR RACE | 5. SINGLE, MARI OR DIVORCED | (write the word) | 21. DATE OF DEATH September 4,1935 (Month) (Day) | ., 193 |
| 5a. | . If married, widowed, or div HUSBAND of (or) WIFE of | rorced Frank E. | | | 22. HEREBY CERTIFY, That I attended | |
| 6 | DATE OF BIRTH (month, d | ou and upon) A s | ugust 14, | 1941 | last saw h a slive on Select 3 | , 1933 |
| - | AGE Years | Months Months | Days | If LESS than | to have occurred on the date stated above, at 7:25 A m M | ; death is said |
| | 83 | 0 | 20 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| OCCUPATION | 8. Trade, profession, or p | particular , as SPINNER, EPER, etc | Housewif | | were as follows: | Date olonset |
| PAT | 9. Industry or business i work was done, as | SH K MILL | | | | - Later and |
| CC | SAW MILL, BANK, 10. Date deceased last we | etc | At Home | | 4 9 | - |
| ŏ | this occupation (myear) | onth and 7 / 3/ | 11. Total tir span ocau | tin this 50 | | |
| 12. | BIRTHPLACE (city or town |) | | | Other Cantributory Causes of importance: | 19552016 |
| _ | (State or country) | Marylan | nd | | arterio Scherosis | |
| FATHER | 13. NAME | John Phil: | ips | | | |
| AT | 14. BIRTHPLACE (city or t | | | | Name of operation Date of | |
| - | (State or country) | Maryla | | | What test confirmed diagnosis? Was there an | au'opsy? NO |
| HE | 15. MAIDEN NAME | Margaret | Haupt | | 23. If death was due to external causes (VIOL ENCE) fill in also the following | g: |
| MOTHER | 16. BIRTHPLACE (city or t | | and | | Accident, suicide, or homicide? Date of Injury | , 19 |
| | | - A | | | Where did injury occur? (Specify city or town, county and State | (a) |
| 17. | INFORMANT M | | | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. | BURIAL, CREMATION, OR | 435 South REMOVAL | | | M | |
| | Place Mt. Car | | Come 9/ | 6/35 19 | Manner of injury | |
| | | Etchison & | k Son | | | h/ |
| 19. | O140-01111111111111111111111111111111111 | derick.Man | | | 24. Was disease or injury in any way related to occupation of deceased? | /vQ |
| 20. | FILEDIT - Sept., | | J.m. | Registrar. | (Signed) (Address) Delevick or | M. D. |
| | V | If more b | lanks are needed, ad | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephratis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

| Ų. | KEC | |
|-----------------------------|---|--|
| MAKGIN RESERVED FOR BINDING | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC | mation should be carefully supplied. AGE should be stated EXACTLY. P |
| FOR | IS A | stated |
| ED I | HIS | be |
| SEKV | NK-T | should |
| 大田 | ING II | AGE |
| MAKGIN | UNFAD | supplied. |
| À | WITH | refully |
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| | PLAI | hould |
| 4 | -WRITE | mation s |

HYSICIANS should state JRD. Every item of infor-

of OCCUPA.

Exact statement

be properly classified. certificate.

jo

See instructions on back

TION is very important.

17. INFORMANT ... (Address)

19. UNDERTAKER

(Address)

20, FILED Van 5

18. BURIAL, CREMATION, OR REMDVAL

N. B.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10322 |
|--|---|
| 1. PLACE OF DEATH | <u> </u> |
| County Fredexicks | Registration Dist. No. 14 5 |
| Village or City Mufers wille (IF | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Abortion Har | 1f U.S. Veteran specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Mpftth) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin. | 22. HEREBY CERTIFY. Thet I ettended deceased from 1 lest sew h |
| kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupetion (month end year) 11. Total time (years) spent in this occupation | abnormal implantation of places to |
| 12. BIRTHPLACE (city or town) My exacille (State or country) 13. NAME TOWNSHIP AND SEASONS AND AND | Other Contributory Causes of Importance: |
| 13. NAME FORMALL 14. BIRTHPLACE (city or town) | Name of operation Date of Was there an autops w |
| 15. MAIDEN NAME RUTH Mal Hayes | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16, BIRTHPLACE (city or town) 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Accident, suicide, or homicide? |

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury Neture of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

______Date______19___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li li | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstical nephritis, | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| ## ## B 1936 4 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE F | FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------------|-------------|------------|----|-----------|
|--------------------|-------------|------------|----|-----------|

V. S. No. 1

N. B.

| 1. | PLACE OF | | OF | MARY | LAND- | CERTIFICATE OF DEATH | 3896 |
|------------|---|--|-------|---------------|-----------------------------------|--|--------------------------------------|
| | County Fr | | | | | Registration Dist. No. 130 | |
| | Village or City | Doubs | death | occurred 27 | (Ii | No. St., death occurred in a horpital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth? | Ward number) |
| 2. | | E Mrs. Ma: : No. Doub, M | - | et Ann | | If U.S. Veteran specify WARNONE. St., Ward. If nonresident give city or town and | State |
| | PERSONA | L AND STATIST | TICA | L PARTIC | ULARS | MEDICAL CERTIFICATE OF DEATH | |
| | male | 4. color or RACE White | 0 | | IFD, WIDOWED, (write the word) | 21. DATE OF DEATH September 11,1935 (Month) (Day) | , 193(Year) |
| | E Years | Frank onth, day, end year Months | | Days | 1842 If LESS than | 1 HEREBY CERTIFY. That I attended 19.35, to 10 1 last saw her alive on Sept 10, 19.35 to have occurred on the date stated above, atl. A.M. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance | deceased from, 19.3.5; death is said |
| OCCUPATION | 9. Industry or bu work was d | k done, as SPINNER, OOKKEEPER, etc siness in which | | 2 Isewife | ormin. | were as follows: Suttestined Obstruction | Date of onset |
| 00 1 | 0. Date deceased | last worked at tion (month and | | 11. Total tin | ne (years) 65 in this ation | Other Contributory Causes of importance: | - |
| | IRTHPLACE (city of (State or country) 3. NAME | | | | | Intra-alidaminal molignancy, | ? |
| FATHER | 4. BIRTHPLACE (c | sity or town) ountry) | Mar | yland | | Name of operation | |
| H OW | 5. MAIDEN NAME 6. BIRTHPLACE ((State or co | sity or town) | iryl | and and | ds | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA | :, 19 |
| 18. BI | Place Ball | N. OR REMOVAL to City Ce | wo | te 9/13 | /35 19 | Manner of injury | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Registrar.

M.R. Etchison & Son

Frederick . Md

19. UNOERTAKER

(Address)

Nature of injury.

(Signed)

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis OCT 2 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| DOTTO AND | - 13 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | for- | tate | PA- | 157 |
|-----------------------------|---|---|--|--|
| (N | WRITE, PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RESCR. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTEY PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
| | iter | s sh | Jo | |
| A | very | IAN | ment | / |
| | D. F | SIC | state | |
| 2 | A SE | PH | act | |
| | T R | 4 | Ex | |
| NG | KEZ | E | fied. | |
| NDI | MA | KAC | lassi | |
| BII | PER | E | rly o | ate. |
| MARGIN RESERVED FOR BINDING | V SI | tated | rope | ertific |
| D] | IS | be s | be p | of ce |
| VE | TH-TH | l plu | lay | sck (|
| SEF | NK | sho | it m | on b |
| RE | I D | 4GE | that | ons |
| Z | ADIS | d. | 9, 80 | ructi |
| ARG | NF | pplie | erms | inst |
| M | H | ns A | ain t | See |
| 4 | WIT | efull | ld ui | int. |
| | LY, | car | TH | port |
| | E | ld be | DEA | y im |
| | P. PI | shou | OF | s ver |
| | RITI | ion | USE | N N |
| 10.1 | MI. | ma | CA | TION is very important. See instructions on back of certificate. |
| | | | | |

V. S. No. 1

| PLACE OF DEATH | B-a) |
|---|---|
| County Trederica | Registration Dist. No. 14/ |
| Village or City Lander Length of residence in city or town where death occurredyr | No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. |
| (a) Residence: No. (Usual place of abo | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICUL | |
| 4. COLOR OR BACE S. SINGLE, MARRIED, OR DIVORCED (not) | DOWED. 21. DATE OF DEATH |
| If married, widowed, or divorced HUSBANO of | 22. I HEREBY CERTIFY. That I attended deceased fro |
| (or) WIFE of | Syst 6 1935 to Syst 6 1933 |
| ATE OF BIRTH (month, day, and year) Sept. 6, 1 | 35. I last saw him alive on Syrt 6 , 1935; death is sai |
| GE Years Months Days 1 d | LESS than to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onse |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. | |
| 9. Industry or business in which | atclectasis 91.3. |
| work was dona, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased last worked at this occupation (month and year) | |
| BIRTHPLACE (city or town) 2nd - (State or country) | Other Contributory Causes of Importance: |
| 13. NAME Wesley & Hicks | |
| 14. BIRTHPLACE (city or town) | Name of operation. What tast confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mayout Muse | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? |
| INFORMANT Mysly 9 Hich (Address) Lander mind | Where dld Injury occur? (Specify city or town, county and State) Specify whether lojury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| BURIAL, CREMATION, OR REMOVAL Place Juffinson Md. Data Sept. | Manner of injury Nature of injury |
| UNDERTAKER G: N. Fute & Sml, (Address) Branning mil. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify |
| FILED Supt 7 , 19 35 Mus, 48. Kcs | (Signed) Carlos one M. |

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| Example I | | Example II | | | | |
|--|---------------|--|---------------|--|--|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | | |
| Cerebral hemorrhage OCI 5 1935 | July 5, 1927 | Perilonitis | 3 days ago | | | |
| BUSPAU V. S. | | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | | |
| | | | | | | |

state

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ck. Marvlar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

| | (3) |
|------------------------|--|
| oqron est comme | Registration Dist. No. 2 |
| (If | No. 7511 Fairview Ave. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| | A A A MINE |
| 18 9VIIII THE COFE | U.S. Veteran specify WARNOTE Ward. If nonresident give city or town and State |
| RTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARRIED, WIDOWED, | 21. DATE OF DEATH |
| PRCED (write the word) | September 26, 1935 (Month) (Day) (Year) |
| D 1 | 22. SI HEREBY CERTIFY. That I attended deceased from |
| Reeder | 8 2651 1985 to 2 6 Selot 1985 |
| 19,1866 | I last saw him alive on 2 3 - 1935; death is said |
| If LESS than | to have occurred on the date stated above, at 5:00P.m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| | Oate of onset |
| Printer | (0)/41/2001 |
| ,37 v | may a distribution of |
| rmemt 302 | 1 rejetucio |
| spent in this | · O. A. War & War & |
| occupation | The state of the s |
| | Other Coutsbutory Causes of importance: |
| | |
| er Huss | |
| ,01 11400 | |
| | Name of operation |
| | What test confirmed diagnosis? |
| | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| | Accident, suicido, or homicide? Date of Injury, 19 |
| | Where did injury occur? |
| S | (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. |
| ederick, d. | |
| . rued | Manner of Injury |
| 128,1930 | Nature of injury |
| | 6.4 |
| 100 | 24. Was disease or injury In eny way related to occupation of deceased? |
| 2 (- 0 | If so, specify |
| haules | (Signed) M, D. |

V. S. No. 1

WRITE

TION

19. UNOERTAKER

20. FILED 8-

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | and the same | Example II | - |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis 1935 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage (100) | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | |
| | 111491,1020 | dustryente, the | 1 year |

| Le | tter | file | ed 10 | -16- | 35 | under | Dr. | McCurdy | author | izes | change | of | Item | # |
|----|------|------|-------|------|----|-------|-----|---------|--------|------|--------|----|------|---|
| | | | | | | yrsI | | | | | | | * % | |
| | | | | | | | | | | | | | | |

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 9899 |
|---|--|
| 1. PLACE OF DEATH 1 1 | 948 |
| County Frederick | Registration Dist. No. 13/ |
| Village Menge Frederich | No. Baushingia Lane St. Ward |
| Length of residence in city or town where death/occurredyrsfmos | death occurred in a horpful or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth? |
| 2. FULL NAME Blanche acholo 13 | esto Lackson |
| (a) Residence: No. Tut. Quint place of abode) | St., Ward A Manufacture of the state |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) | 21. DATE OF DEATH 9 12 1935 |
| 5a. If marriad, widowad, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WiFE of | 22. I HEREBY CERTIFY, That I tynded deceased from |
| 11/2-10/6 | physecian to Garones Jugan of |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days ILLESS than | Last saw h V alive on dath is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, a m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trada, profession, or particular | ware as follows: Parabase Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Ceratiral Throndones Guilles |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Ipdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (grouph and | 77.635 |
| 10. Date deceased last worked at this occupation (month and year) spent in this occupation | |
| 0 | Othar Contributory Causes of importanca: |
| 12. SURTHPLACE (city or town) (Stata or country) | |
| 13. NAME Charles Jackson | *************************************** |
| 13. NAME Shortes fackson 14. BIRTHPLACE (city or town) | Name of operation Dete of |
| (State of country) | What test confirmed diegnosis? Was there an autopsy? |
| 15. MAIDEN NAME Caftoolist That 16. BIRTHPLACE (city or town) | 23. if death was dua to external causes (ViOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida? Date of injury, 19 |
| (State or country) Tresletic en | Whera did injury occur? |
| 17. INFORMANT Charles Jackson (Address) | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place French Ohip Certate Dept 17, 19 75 | Neture of injury |
| 19. UNDERTAKER A. M. A. M. C. | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 8 - Sept., 1935, and I have Registrary | (Signad) J. Bourne M. D. (Addrass) Fudericks and |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis-1921 Run over by street car 1 week ago Cerebral hemorrhade Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---|------------|-------|-----|---------|------------|----|-----------|
|---|------------|-------|-----|---------|------------|----|-----------|

| STATE OF | MARY | AND- | -CERTIF | CATE | OF | DEATH |
|----------|------|------|---------|------|----|-------|
|----------|------|------|---------|------|----|-------|

9900

| County Frederick. | Posistration Diet No. 139 |
|---|--|
| Village or CitySTATE SANATORIUM | Registration Dist. No. St., Ward One of the second of the |
| 2. FULL NAME Virginia S. Lawrence. (a) Residence: No. Fruitland, Wicomico C (Usual place of abode) | ounty, Ward. Maryland., |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) W1 COW. | 21. DATE OF DEATH Sept. 25 |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Arthur Lawrence | (Month) (Day) (Year) 22. I HEREBY CERTIFY. Thet I ettended deceased from April 14 1935 to Sept. 25 1935 |
| 6. DATE OF BIRTH (month, day, and year) April 14, 1912. 7. AGE Years Months Days If LESS than 1 day,hr orhr orhr. ormin. | I last saw h er alive on Sept 24 ,1935; death is said to have occurred on the date stated ebove, at 7 , 30 A m M • The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc HOUSE WORK SAWYER, BOOKKEEPER, etc HOUSE WORK work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (mostly and year) 12. BIRTHPLACE (city or town) | Pulmonary Tuberculosis. May 1934 S Other Contributory Causes of Importance: |
| (State or country) Mary land. | |
| 13. NAME John Shelton 14. BIRTHPLACE (city or town) (State or country) Maryland | Name of operation none Pos. Spartrum. What test confirmed diegnos Chest X Ray was there an autopsy? no |
| 15. MAIDEN NAME Sadie Brittingham. 16. BIRTHPLACE (city or town) (Stete or country) Maryland. | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Virginia Lawrence (Addrass) Fruitland, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Fruitland, Md Date Unknown, 19 | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Nature of injury |
| 19. UNDERTAKER M. L. Creager, (Address) Thurmont, Mod 20. FILED J. J. J. J. J. J. J. Registrar. | 24. Wes disease or injury in any way related to occupation of deceased? NO If so, specify |

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example 1 | | Example 11 | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage 007 7 1935 | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance. | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

9901

| 1. PLACE OF DEATH | 82-20 |
|--|--|
| County Frederick | Registration Dist. No. 144 |
| Village or City 1 Laurent | No. St., Ward |
| Length of residence in city or town where death occurred 5 7 yrs. | (If death occurred in a horpital or institution, give its NAME instead of street and number) mos/_ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME OF PARTIES | Martin |
| (a) Residence: No. Moan Thursday | L St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word Married |) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 5a. If married, widowed, or divorced | |
| (or) WIFE of Eparles Martin | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Col-11 - 1877 | l iast saw her alive on Qua 30 1935; death is said |
| 7. AGE Years Months Days If LESS tha | The state of the s |
| 57 9 2/ 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trado, profession, or particular kind of work done, as SPINNER, | Date of office |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Torobral Neworkage 8/2 5/3 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| | |
| year) Lang 25-1935 occupation 5- | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Plan Spuiment (State or country) | TO All a |
| 13. NAME Robert Shell | |
| 14. BIRTHPLACE (city or town) Prangland | Name of operation Date of |
| (State or country) | Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Matilda Mumson | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Mary fand | Accident, suicide, or homicide? 20 Date of injury 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Caharles Martity (Address) | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Lewes lown Date Seft 4 19 | Nature of injury |
| 19. UNDERTAKER Sellside & Breager (Address) | 24. Was disease or injury in any way related to occupation of deceased? The |
| 20 FILED Sept 3 1935 - Anna M. Con a | (Signed) M. D. |
| Registrar | |
| If more blanks are needed, address State Regist | rar, 2411 N. Charles Street, Deltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example | ON PARTIES AND ASSESSED AND ASSESSED AS | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis OCT 4 1635 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage RUREAU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

TION

OCCUPA.

should

item

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | and the party of t | 13 | Example II | |
|---|--|---------------|--|---------------|
| The principal cause of death and related of importance were as follows: | causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | D Y | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | | July 5,1927 | Perilonilis | 3 days ago |
| | COLUMN ATTER COLUM | | | |
| Other contributory causes of importance | | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 9903 |
|--|---|
| County Trederick | Registration Dist. No. |
| Village or City Near Knowvell | NoSt.,Ward |
| A STATE OF THE PARTY OF THE PAR | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?yrsmosds. |
| Al Day Ca. | If U.S. Veteran specify WAR |
| (a) Residence: No. | St. Ward. |
| (a) Residence. ND. (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word) Mult | 21. DATE OF DEATH) SAT 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen alberta meriman | 22. I HAREBY CERTIFY, Dat Lettender deceased from |
| 6. DATE OF BIRTH (month, day, and year) Aug 2/ 1868 | I last kaw h A alive on D 10 1935 : death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stetad above, at |
| 67 | The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: |
| 8. Trade profession or particular | Parile a Louds Varion A |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, BYOR SAW MILL, BANK, etc. 10. Date daceased last worked al this occupation of month and spent in this spent in this | wells Infetted Left hand of |
| 10. Date daceased last worked al this occupation (month and year) 2014 1934 0ccupation 40 | Other Courributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Other Community Causes of Importance: |
| (State or country) | |
| 13. NAME Montin Mc Odnicle 14. BIRTHPLACE (city or town) Mag | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| | What test confirmed diegnosis? Was there an eutopsy? |
| II WOULD THE TOTAL THE TOT | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) The (State or country) | Whare did injury occur? |
| 17. INFORMANT 2000 & W Mc Bride (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Knexulle mad Date Defit 6, 1935 | Nature of Injury |
| 19. UNDERTAKER Africa + 2 1 6 0 mg | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Super 5, 1935 Mrs. A.S. Hidars. | (Signad) Allow Charger M. D. (Addrass) A Allow Live Charger |
| If more blanks are needed address San Parish as | Accept N. Charles Street Publishers Properties 71 S. No. 2 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago |
| Superhalization would make assert description of the first of the firs | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 0 | 0 | 13 | - |
|------|---|-----|----|
| - (3 | 9 | 113 | 11 |
| 93 | W | U | -3 |

| 1. PLACE OF DEATH County Frederick | (E | Registration Dist. No | 14/ |
|---|--|--|--------------------------|
| Village or City 88 mow B | | For institution, give its NAME instead | St.,Ward |
| 61.41 | 7 Mr. 1 - Jf JIS. Veters | m specify WAR | |
| 2. FULL NAME Impant of a | se mountain | | |
| (a) Residence: No. | St., Ward. | | 1.0. |
| (Usual place of | | If nonresident give city | |
| PERSONAL AND STATISTICAL PARTIC | | CAL CERTIFICATE OF I | PEATH |
| male of the state | ED, WIDOWED, (write the word) | (Wonth) (Oa | 3 , 193 5 (Year) |
| I. If married, widowad, or divorced HUSBANO of (or) WIFE of | 22. 0 45 | REBY CERTIFY, De | l ettended deceased from |
| DATE OF BIRTH (month, day, and year) | 1935 I last saw have ali | va on | 19.3.5.; death is sel |
| AGE Years Months Oays | the state of the s | date stated above, It 1_2_ F_m. | |
| 21 | ormin. The PRINCIPAL CAUSE | OF DEATH and reletad ceuses of imp | |
| 8. Trada, profession, or particular | | -~A | Oats of onse |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | LAREN | 1. lucius | |
| 9. Industry or business in which | P: O | se: Unknown | |
| work was dona, as SILK MILL, SAW MILL, BANK, etc. | | | / |
| 10. Oata deceased last worked at this occupation (month and spant | e (years) | ly saw potent once: hours before diether | with R. |
| 2. BIRTHPLACE (city or town) | Other Contributory Cana | es of Importance: | |
| (State or country) | | | |
| 13. NAME Le menima | n | | |
| 13. NAME The Menima 14. BIRTHPLACE (city or town) (Stata or country) | | gnosis? W | |
| 15. MAIDEN NAME Cathering Hawk | 23. If death was due to ex | cternal causes (VIOL ENCE) fill In also | the following: |
| 16. BIRTHPLACE (city or town) | | nicide? Dete of I | |
| 16. BIRTHPLACE (city or town) | | | ijui y, 1 0 |
| 1 - 1 | Where did injury occur? | (Specify city or town, concourred in INDUSTRY, in HOME, or li | ounty and State) |
| (Addrass) Burney to me | openity whether injury t | in the contract in the contrac | TODER TENDES |
| B. BURIAL, CREMATION, OR REMOVAL | | ************************ | |
| Place Knowsvill mand Date Dept | 77 1276 | | |
| 04010 | | | |
| 9. UNDERTAKER CATTON 22 1 2 TON (Addiess) Dunning my | 24. Was disease or injury | in eny wey ralated to occupation of | deceesed? |
| 0. FILEO Shot 14 19 55 Mrs. & S. | (Signed) The | llianoch | renge |

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | * |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 1-50-171 |

PHYSICIANS should state

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. N. B.-WRITE PLAINLY,

| 1. PLACE OF DEATH | | (93-6) | |
|---|--|---|-----------------------|
| county Frederick | 2 | Registration Dist. No. 1 | 3) |
| Village or City munter | ie Hospit | L No. | St.,Ward |
| Length of residence in city or town where death occur | red 3 yrs (I | death occurred in a horpital or institution, give its NAME instead of stre | cet and number)mosds. |
| 2. FULL NAME Henry | mieria | No veg | EYAN. |
| (a) Residence: No. Moute | ral place of abode) | Forederwood , M | was and State |
| PERSONAL AND STATISTICAL F | ARTICULARS | MEDICAL CERTIFICATE OF DEA | TH |
| | E. MARRIED, WIDOWED, WORCED (write the word) | 21. DATE OF DEATH 28 | , 193 <u>\$</u> |
| 5a. If married, widowed, or divorced HUSBAND of | • | | |
| (or) WIFE of Statie m | nero | 22. I HEREBY CERTIFY. That I a | ttended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | ut 1860 | 0 1 | 19.25: death is said |
| | ays If LESS than | to have occurred on the date stated above, at 1 5. m. | and a said |
| 75-4 | I day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of important were as follows: | 1 |
| 8. Trada, profession, or particular | ^ | 7010 43 10110 43 | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data dacaased last worked at this occupation (month and | burer | Rught hemphlegin | Sq + 24 |
| Mustry or business in which work was done, as SILK MILL, | | | |
| SAW MILL, BANK, etc | . Total time (years) | | |
| this occupation (month and year) | spent in this occupation | | |
| | ACC. | Other Contributory Causes of importance: | - 1 |
| 12. BIRTHPLACE (city or town) (State or country) | Canada. | and the same | 1974- |
| I 13. NAME Comanuel V | nego | Julers-occurrence | 1722 |
| I A BIRTURI ACE (situation Asses) | 1 | Name of operation | |
| I4. BIRTHPLACE (city or town) (Stata or country) | and. | What tast confirmed diegnosis? Was th | 7 |
| TI IS. MAIDEN NAME Mary | Margan | 23. If death was due to external causes (VIOLENCE) fill in also the f | |
| 16. BIRTHPLACE (city or town) | | Accident, suicida, or homicide? Date of injury_ | |
| E (Stata or country) | land. | Where did Injury occur? | |
| 17. INFORMANT PULL SYS | ig Clerk | (Specify city or town, county: Spacify whether injury occurred in INDUSTRY, in HOME, or in PUB | and State) |
| 18. BURIAL, CREMATION, OR REMOVAL | - Amaiac | Manner of injury | |
| Place Jairnew Com. Data 9 | Sept 29,1931 | Neture of Injury | |
| 10 HADEDTAKED Than & Coa | tily Co | 24. Was disease or injury In any way related to occupation of decease | ad? 200 |
| 19. UNDERTAKER ACCOUNTS (Addiess) | mle | If so, specify | Seu / |
| and Set C. Doml. | | (Signed) 2026 | A M D |
| 20. FILEO 4, 19 | Registrar. | (Address) Fanderal | Tred |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example 1 | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis 1635 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage OUI | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

B.-WRITE PL.

| 1. PLACE OF DEATH | <u> </u> |
|--|--|
| County Firedericle | Registration Dist. No. 132- |
| Village or City Burkellandle | NoStWard |
| | If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?msmsds. |
| 2. FULL NAME Baby Miller | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Supt 16 ,1935 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Sect. 16 1935 | I last sew h salike and fluare 19 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date steted above, etm. |
| 1 dey,2_hrs. or2_min. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 4 |
| SAWYER, BOOKKEEPER, etc. | Muknows |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased lest worked at this occupation (month end spant in this occupation. | |
| 12. BIRTHPLACE (city or town) Buskittswille | Other Coutributory Causes of importance: |
| (State or country) | 2 |
| 13. NAME / Wellew / Meller 14. BIRTHPLACE (city or town) - Durfactleswille. | |
| 14. BIRTHPLACE (city or town) Surface USE | Name of operation None Date of |
| (Stele of country) | What test confirmed diagnosis? Wes there an eu'opsy? Lao |
| 15. MAIDEN NAME Outline Sufferior 16. BIRTHPLACE (city or town) Duk Ruttsindle | 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: |
| S 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? 74-12 Date of injury 19 19 |
| 17. INFORMANT Soplishing Generalist | Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 18, BURIAL CREMATION OR REMOVAL | |
| Place Durkelly John Date 1, 1931 | Manner of Injury |
| 19. UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 16, 1936 Detrosomo grilles | (Signed) Street Harp M.D. |
| Registrar. | (Address) flanddletour |

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I | you. | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 21716710861670818 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 5 1933 | 1921 | Run over by street car | 1 weck ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | a ungu ugu |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

certificate.

See instructions on back of

| County Village or City Lage Lage Lage Lage Lage Lage Lage Lage | 1. PLACE OF DEATH | CERTIFICATE OF DEATH 9907 |
|--|--|--|
| Village or City | County Trederick | Registration Dist. No. 1 4 4 |
| 2. FULL NAME (a) Residence: ND. (b) (Usual place of shoole) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED (NO DE STATISTICAL PARTICULARS) 5. If married, widowed, or divorced (HUSDARD or described of the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months 1. Total LESS than or minimal place or service o | Village or City Grace France (IF | ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wine the word) SI. If married, widowed, or divorced HUSBAND HUSBAND 6. DATE OF BIRTH (month, day, and year) C. DATE OF BIRTH ACC (city or bown) C. BATE OF BIRTH (month, day, and year) D. Date of enset Lisp saw Mach alive on the date stated above, at. D The PRINCIPAL CAUSE OF DEATH and related caches of importance were as follows: Date of enset D. Date of enset | 2. FULL NAME Charles R Mil | ller |
| 21. DATE OF DEATH Control of the | (Usual place of abode) | |
| Male Multer OR DIVORED (white the word) 5.1. If married, widowed, or divorced HUSBAND of HUSBAND o | | |
| HUSSAND of Consulted Communications of the Consulted Communica | Male White OR DIVORCED (write the word) | Sept. 5 1985 |
| 7. AGE Yeers Months Days II LESS than 1 day | 5a. If married, widowed, or divorced HUSBAND of FOR MIFE OF CHANGE RObinson Miller | June 15 91935, 10 De lat 5 1935 |
| 8. Trade, profession, or particular kind of work dome, as SPINNER. Place of the profession of particular kind of work dome, as SPINNER. Place of the profession of particular kind of work dome, as SPINNER. Place of the profession | | I last saw h Le alive on De 1 2 , 19.3 ; death is said |
| R. Trade, profession, or particular states of the profession of particular states of the partic | / c l day hrs | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Pl | SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and) spant in this spant in this | Careman of |
| Whet test confirmed diagnosis? Was there and utopsy? The state of country was there and utopsy? The state of country was the country where did injury occur? 15. MAIDEN NAME Catherine Bernard Accident, suicide, or homicide? Date of injury, 19. Accident, suicide, or homicide? Date of injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Language Date Safe Language Nature of injury 19. UNDERTAKER Language Country of deceased? Nature of injury in any way related to occupation of deceased? If so, specify (Signed) 24. Was disease or injury in any way related to occupation of deceased? M. D. (Address) M. D. (Address) M. D. (Address) M. D. (Address) M. D. | (State or country) Mary land | Other Contributory Causes of Importance: |
| (State or country) Maseffand Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Manner of injury Place Grace Land Date Safe S., 1935 Nature of injury 19. UNDERTAKER Colleges (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address) | (State of country) Marelland | |
| 17. INFDRMANT ALL GHAS A WILLS Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Grace Game Date Soft 8 , 1935 19. UNDERTAKER Tellingery Orlegery (Address) 20. FILED Sept. 7 , 1935 Annual M. Registrar. (Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER Tellingery (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) | | Accident, suicide, or homicide? |
| Place Exaction. Dater Coff 8., 1935. 19. UNDERTAKER Tellingte of Orelgier 24. Was disease or injury in any way related to occupation of deceased? The company of the compa | 17. INFORMANT has Chas & miller | (Specify city or town, county and State) |
| (Address) 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2 2 11 5 | |
| Registrar. (Address) Sheetwart med | | |
| | Registrar. | (Address) Sheefwell ma |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis OCT 4 1903 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage RUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | ** | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIA | N |
|------------|-------|-----|---------|------------|----|----------|---|
|------------|-------|-----|---------|------------|----|----------|---|

STATE OF MARYLAND—CERTIFICATE OF DEATH 9908

| infor stat UPA | 1. PLACE OF DEATH | |
|---|---|---|
| P 1 | County Knot ville brider to | Registration Dist. No. 14/ |
| should f OCC | Village or City Nmy ville | NoSt.,War |
| : · | | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? |
| Every CIANS ement | 2. FULL NAME Daniel gertland mills | a la If U.S. Veteran specify WAR. |
| SI SI | (a) Residence: No. | St., Ward. |
| HA | (Usual place of abode) | If nonresident give city or town and State |
| REC P. P. Exac | PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED. | 21. DATE OF DEATH |
| E | 3. SEX 4. COLOR OR BACE OR DIVORCED (write tha word) OR DIVORCED (write tha word) | (Month) (Day) (Yaar) |
| ACTL ssifted. | 5a. If married, widowed, or divorced HUSBAND of | 22/ I/HEREBY CERTIFY, That I attanded dacassed fro |
| hard of the | (or) WIFE of | 1935 to July 26 193 |
| Per | 6. DATE OF BIRTH (month, day, end year) Feb 20 1907 | I last fow h um alive on Ext 35 , 1934; deeth is se |
| IS A PE stated E properly certificate | 7. AGE Years Months Days If LESS than | to have occurred on the date steted ebove, atm. |
| IS A I stated properi | 28 7 6 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of importance weed as follows |
| he s be p of ce | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc. | by nac tory my 6 |
| | | There are |
| Should it may n back | 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | 4 -1 |
| 6 | O this occupation (month and spant in this | |
| AGE I that ons ons | yaar) occupation | Other Cantributory Canses of Importance: |
| DIP So ucti | 12. BIRTHPLACE (city or town) (State or country) | Box (rex son |
| UNFADING supplied. AGI n terms, so tha ee instructions | 13. NAME Daniel W Miller | Grand Order Och ~ |
| 5 4 4 | 14. BIRTHPLACE (city or town) | Name of operation Date of |
| E .= 02 | (State or country) | What tast confirmed diagnosis? Was there an autopsy? |
| 0 | 15. MAIDEN NAME California ahalf | 23. If death was due to externel causes (VIOLENCE) fill in also the following: |
| INLY, WI be careful EATH in I | [5] 16. BIRTHPLACE (city or toy) | Accident, suicide, or homicide? Date of injury, 19 |
| AINLY, ld be can DEATH y import | S(State or country) | Whare did injury occur?(Specify city or town, county and State) |
| JAI 1d 1 DE y in | 17. INFORMANT Jamel W Milling | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| E PLA should OF D | (Address) Known Market MA 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| SE SE | Place Buskethill Mobate Rept 29,135 | Nature of Injury. |
| WRITTE mation s CAUSE TION is | 1 1 1 2 1 2 1 Rm A | 24. Was disease or injury in any way related to occupation of dacaasad? |
| LEDH | 19. UNDERTAKER (Address) Do May Swell Med | If so, spacify |
| B. | 20. FILED Super 76, 1935 hors. N.S. Hillars | (Signed) M. |
| Z (T | Registrar. | (Address) James was My |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

MARGIN RESERVED FOR BINDING

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| Example I | İ | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
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| Cerebral hemorrhage OCT 5 1935 | July 5,1927 | Peritonitis | 3 days ago |
| BURFAU V. S. | 7515 | | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

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| Example I | and the same of th | Example II | |
|--|--|--|---------------------------|
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| Cerebral hemorrhage 5 19 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. II | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

1. PLACE OF DEAT

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. If nonresident give city or town and State (Day) (Yeer) That I attended deceesed from

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 4 1995 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 12 |

| DNIGNI DNIGNI | RMANENT RECORD. Every item of infor XACTLY. PHYSICIANS should statelassified. Exact statement of OCCUPA. |
|-----------------------------|--|
| TARGIN RESERVED FOR BINDING | W. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| S. No. 1 | I. B.—WRI matio CAUS TION |

V. S. No. 1

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH 9911 |
|--|---|
| County Threderick | Registration Dist. No. 130 |
| | No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmos, |
| 2. FULL NAME Mary Folow VE. | azlor |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I oftended deceased fr |
| 5. DATE OF BIRTH (month, day, and year) Slept. 7, 1935 | I last saw h. C. A aliva on 193 death is s |
| 7. AGE Years Months Days If LESS than 1 day, \(\mathcal{L}_2 \) hrs or min. | the co tellows. |
| 8 Trade profession or particular | Congenital debility: Sef |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | There seemed to be as explanation as |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation | to course of debility. no maternal course |
| (State or country) | Other Cautributary Causes of importance: |
| 13. NAME Walter Malory | |
| 13. NAME Walter Halvy 14. BIRTHPLACE (city or town) (State or country) | Name of operation Data of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Margie Whiten | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Margie Whiten 16. BIRTHPLACE (city or town) Halltown (State or country) Fred & Mad | Accident, suicide, or homicide? |
| 7. INFORMANT Walter Malor | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL Place free field: Date 19 | Manner of Injury |
| 9. UNDERTAKER 6. E. Clivre Hon (Address) Fredrick Med. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify |
| 20. FILED Sept 8 , 1935 from sulla Registrat. | (Signed) Summer (Address) Adama Sawa Md. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neparitis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 0 | Th. | - 42 | 0 |
|---|-----|------|-------|
| 1 | 44 | -7 | 1 |
| W | V | JI. | See ! |

| 1. PLACE OF DEATH | | | (23) | |
|---|----------------------|-----------------------------------|--|-------------------|
| County Frederick | | | Registration Dist. Np. 13 | 39 |
| Village or CitySTATE S | ANATO | RIUM. N | A DNo. St. | Ward |
| Locally of continues to the continues | | vrs 3 mos | f death occurred in a hospital or institution, give its NAME instead of street | and number) |
| Length of rasidence in city or town where | | | ds. How long In U.S. if of foreign birth?yrs | mosds. |
| 2. FULL NAME William | .A. Pears | on. | | |
| (a) Residence: No. 1807 N | Durham, (Usual place | St. of abode) | St., Ward. Baltimore, Marylar If nonresident give city or town | |
| PERSONAL AND STATIST | TICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEAT | Н |
| 3. SEX 4. COLOR OR RACE White | | RfED, WfDOWED, D (write the word) | 21. DATE OF DEATH Sept. 26 | , 193_5 |
| 5a. If married, widowed, or divorced | | | (Month) (Day) | (Year) |
| HUSBAND of (or) WIFE of Unknown | 1 | | 22. I HEREBY CERT (FY, That latter June 3 1935 to Sept 26 | 19 35 |
| 6. DATE OF BIRTH (month, day, and year) | June 4 | 1875. | I last saw h 1 m elive on Sept 26 19 | 35; death is sald |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 7.40P.M. | |
| 60 3 | 22 | 1 day,hrs. ormin, | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wera as follows: | |
| 8 Trada, profassion, or particular | | | 7010 83 1010 W3. | Date of onset |
| kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. | Loborer | | | |
| 9. Industry or business in which work was dona, as SILK MILL, | 1 | | Pulmonary Tuberculosis. | March |
| SAW MILL, BANK, etc | | | | 1935 |
| fo. Date daceased lest worked et this occupation (month and year) | 1025 spei | ime (years) | | |
| year)way | 1.2.2P occu | pation 11113 | Dther Coatribatary Causes of Importance: | |
| 12. BfRTHPLACE (city or town) | | | | |
| | ginia. | | | |
| 13. NAME Joseph Pe | earson. | | | |
| 13. NAME Joseph Po | | | Neme of operation none pos. Spute | um. |
| (Stata or country) VIP | ginia. | | What test confirmed diagnosshest X Ray Was there | an autopsy? |
| 15. MAIDEN NAME Emily Se | ayre. | | 23. If death wes due to axternal causes (VIOLENCE) fill in also the follo | |
| 16. BIRTHPLACE (city or town) | | | Accident, suicide, or homicide? Date of Injury | |
| (State or country) Mar | yland. | | Whera did injury occur? | |
| 17. INFORMANT William A. | Dearson | | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC | State) |
| (Addrass) 1807 N Durha | am. St | Balto Mo | | |
| 18. BURIAL CHEMATION OR REMOVAL | | nown | Manner of injury | |
| New Umberland. (| Dete V | , f9 | Natura of injury | |
| 19. UNDERTAKER M. L. Creager | 11 | 7 | 24. Was disease or injury In any way ralated to occupation of deceased | , no |
| (Address) Thurmont. Mc | LOVE | | If so, specify | 11 |
| a/Val 21 | 11/1/2/ | | (Signed) Slewart & Mas | Herma |
| 20. FILED, 19 | 76 | Registrar. | (Address) State Sama Lorik | she Mi |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| | Example I | 11 | Example II | |
|---|-------------------------------------|---------------|--|---------------------------|
| The principal cause of importance were as Arteriosclerosis | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial neph | ritis 7 1955 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | OCI A 1999 | July 5, 1927 | Peritonitis | 3 days ago |
| | BURDAU V. S. | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | a . | |

JARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 9913 |
|--|--|
| 1. PLACE OF DEATH · | 186-a |
| County Trederick | Registration Dist. No. 134 |
| Village or City Committeen of Di | more plu lela e st., Ward |
| Length of residence in city or town where death occurredyrs | death of curred in a hospital or institution, give NAME instead of street and number) ds. Now long in U.S. if of foreign birth? |
| 2. FULL NAME Julia Keilly () | lister Mary Those |
| (a) Residence: No. Limberloft 2 | uly. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) Lucke | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and yeer) april 19-1858 | I lest saw Mel alive on Sapat 12 , 19 3.1; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 10.50 Am. |
| 77 4 29 1dey,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importence |
| 8 Trade orbiassido or particular | Cerebrale Hemorrhage 8/28/35- |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked et 11. Total kime (yeers) | |
| 11. Total time (yeers) this occupation (month and yeer) | |
| 12. BIRTHPLACE (city or town) Broel tou (State or country) | Other Cantributery Causes of Importance |
| 13. NAME James Rill | Charie alinial Solomes |
| 14. BIRTHPLACE (cly or town) | Name of operation Date of |
| (State or country) Frelow | What test confirmed diegnosis? Wes there an autopsy? |
| 15. MAIDEN NAME Wary Signar 16. BIRTHPLACE (city or town) | 23. If death was due to external ceuses (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Sister Many Lorella (Address) | (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMOTION, OR REMOVAL Place Truntaling 4 Page 9/20, 19 30 | Manner of Injury fall on Concrete floor Nature of injury bacture ne de februar |
| 19. UNDERTAKER TU Things. (Aduless) | 24. Was disease or injury in any way releted to occupation of deceased? 2-d |
| 20. The Sept-19, 1935 M. F. Shelf | (Signed) Morris J. Build M. D. (Address) Thurmout Md |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | 1 | Example II | |
|---|--------------------------------------|---------------|--|---------------------------|
| The principal cause of importance were a Arteriosclerosis | of death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nep | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | OCT 4 1935 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory c | auses of importance: | ruo f | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ADDITION | AL SPA | ACE FOR | FURTHER | STATEMENTS | BY | PHYSICIA |
|---|----------|--------|---------|---------|------------|----|----------|
|---|----------|--------|---------|---------|------------|----|----------|

N. B.-

TION is very important. See instructions on back of certificate.

of OCCUPA.

| County Freder | rick | Within D | ne Cordorada M | Registration Dist. No. | 121 |
|--|-----------------------|------------------------------|--|--|------------------------|
| Village or City | | | 30 yrs mos | No. 143 West South Street death occurred in a horpital or institution, give its NAME instead of ds. How long in U.S. If of foreign birth?yrs. | street and number) |
| 2. FULL NAME M | | | | 97 A 1571 | |
| (a) Residence: No | | | t a | St., Ward. If nonresident give city of | town and State |
| PERSONAL AND | STATISTI | CAL PART | | MEDICAL CERTIFICATE OF DI | EATH |
| SEX 4. COLOR Female Whi | or RACE | 5. SINGLE, MAI OR DIVORCE | RRIED, WIDOWED, D (write the word) | 21. DATE OF DEATH September 29 t (Month) (Day) | |
| a. If married, widowed, or divorce HUSBANO of (or) WIFE of DATE OF BIRTH (month, day, | Vernon | M. Rhoa | | 22. I HEREBY CERTIFY. That I | attended deceased from |
| AGE Years 59 | Months | Days 12 | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at 12:45 mA. The PRINCIPAL CAUSE OF DEATH and related causes of Importure as follows: | М. |
| skind of work done, as SAWYER, BOOKKEEP Judustry or business in work was done, as SII SAW MILL, BANK, etc 10. Date deceased last work this occupation (mont year) 2. BIRTHPLACE (city or town) (State or country) | ed at h and 5/3 | 2 003 | time (years) ent in this 30 upation 30 | Other Contributory Causes of Importance: Distributory Englished | 100 |
| | ard Sayl | | | Name of operation. | Data of |
| (State or country) | Mary | land | | What test confirmed diagnosis? Was | 9. |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or tow (State or country) | n) | th Ander yland ads | S | 23. If death was due to external causes (VIOLENCE) fill In also th Accident, suicide, or homicide? Date of inju Where did Injury occur?(Specify city or town, coun Specify whether injury occurred In INDUSTRY, in HOME, or In P | ıry, 19 |
| | erick, Ma | ryland | | | |
| Place Mt. Olive | | Date 10/ | 1/35 ,19 | Manner of Injury | ***************** |
| a. a.uar | Etchison derick?mi | | | 24. Was disease or injury In any way related to occupation of dec | eased? 200 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 11 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Perilonilis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 9 | 49 | 4 | 1 |
|---|----|---|---|
| J | J | 1 | 0 |
| - | - | - | |

| 1. PLACE OF DEATH | | | 92-0 | | . 0 | 1 |
|--|----------------|--|---|--------------------------|---------------------|------------------|
| County Frederick | Company Charle | DOP TO PERSON IN | | Registration Di | st. No. | 1 |
| Village or City Frederick | | musical statement of the statement of th | No. 221 Dill Ave | 9 | St | Ward |
| | 77 | | f death occurred in a hospital or institu | ition, give its NAME i | | |
| Length of residence in city or town where | | | sds. How long in U.S. if o | of foreign blrth? | yrsm | osds. |
| 2. FULL NAME Homer Der | ~ | r | If U.S. Veteran epeci | fy WAR None | 2 | *************** |
| (a) Residence: No. 221 Dil | l Ave | | St., Ward. | | | |
| | (Usual place | | | If nonresident giv | ve city or town and | State |
| PERSONAL AND STATIST | TICAL PART | ICULARS | MEDICAL C | ERTIFICATE (| OF DEATH | |
| 3. SEX 4. COLOR OR RACE white | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH | September (Month) | 3rd. | ., 193 |
| 5a. If married, widowed, or divorced | | | | | | |
| (or) WIFE of Anna Shafer | | | 22. HEREBY | CERTIFY. | That attended | deceased from |
| MINERAL ELECTRICATION OF THE STATE OF THE ST | | | 21- Nov- | , 1932 , to 8 - | / | 19.54. |
| 6. DATE OF BIRTH (month, day, and year) | | | I last saw h alive on | 7 10 | | _; death is said |
| 7. AGE Years Months | Days | If LESS than 1 day,hrs. | to have occurred on the date state | | | |
| 55 11 | 16 | ormin. | The PRINCIPAL CAUSE OF DEAT were as follows: | TH and related causes | of Importance | Oate of onset |
| Trade, profession, or particular | atah Malea | | | | | |
| kind of work done, as SPINNER, W. SAWYER, BOOKKEEPER, etc. | | | Caronar | m-du | ornovous | LADA 3 |
| Industry or business in which work was done, as SILK MILLJEW SAW MILL, BANK, etc | elry Stor | е | 7 | F | * | - |
| (1) 10 Data deceased last worked at | | | Costic du | chomp | Leeny. | 1927 |
| this occupation (month and 1932 year) | sp3 | nt in this 30 | | | p | - |
| 12. BIRTHPLACE (city or town) Winches | tor | | Other Contributory Causes of imp | ortance: | | |
| (State or country) | Va. | | - | | | - |
| 13. NAME Rev. J. R. Ride | nour | 0.00 | | | | - |
| E Ma mr | | | | | | - |
| 14. BIRTHPLACE (city or town) | | | Name of operation | | | N. |
| # 15. MAIDEN NAME Manzela De | rr | | What test confirmed diagnosis? | | | |
| I IS. MAIDEN HAME | | | 23. If death was due to external car | | | 0 |
| 16. BIRTHPLACE (city or town) Mary (State or country) | land | | Accident, suicide, or homicide? | De | te of injury | , 19 |
| | D. 1 | | Where did injury occur? | (Specify city or to | wn, county and Stal | le) |
| 17.INFORMANT Mrs. Homer D. Ridenour (Address) Frederick, Md. | | | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. | | | ACE. |
| 18. BURIAL, CREMATION, DR REMDVAL | | | Manner of injury | | | |
| Place Lutheran Cem. Middletown 9/5 1935 | | | Nature of injury | | | |
| 19. UNDERTAKER M. R. Etchison & Son | | | 24. Was disease or injury in any w | ay related to occupation | on of deceased? | No |
| (Address) Frederick. Md. | | | If so, specify | 100 | | |
| 11 / 1 - 25 9 | akab. | Cr 0 | (Signed) | 11. Cen | edy | |
| 20. FILED 4 1933. 21 | TIN | Registrar. | (Address) | udu | JE M | 1 4 |

V. S. No. 1

-WRITE PL

ğ ż

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | İ | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| WECEIVED | 1 to | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones , MIREAU V. S. | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE FO | RFURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|----------|----------|------------|----|-----------|
|------------|----------|----------|------------|----|-----------|

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 9916 |
|---|--|
| 1. PLACE OF DEATH . | (65) |
| County Mederick. | Registration Dist. No. 12 |
| Village or City Huderch | No. 113 East Street St. Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred wrsmos. | ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Flage V. Sormson | |
| (a) Residence: No. 312 Middle alley. | St. Corne Ward. |
| (Usual place of abode) / PERSONAL AND STATISTICAL PARTICULARS | If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH C. A 22 |
| Malo. Coloud. Survey (Pend) | Left, ad 193) |
| 5a. It married, wildowed, or divorced | (Month) (Day) (Year) |
| HUSBANO OF MACLAIR B | 22. HEREBY CERTIFY, That I attended deceased trom |
| May Dam. | 3 ., 19. / , to Carrying 2 19 |
| 6. DATE OF BIRTH (month, day, and year) May 190d. | I last saw h |
| 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, at /430 A.m., |
| 54 5 4 4 VICTO Or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset |
| 8. Trade, protession, or particular kind of work done, as SPINNER. | 0+ |
| SAWYER, BOOKKEEPER, etc. | Strongulation |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| O 10. Date deceased last worked at 11. Total time (years) | |
| this occupation (month and spent in this occupation caugation | Oh - Cardina Caractina day |
| 12. BIRTHPLACE (city or town) Maryland. | Other Contributary Canses of importance: |
| (State or couptry) | |
| # 13. NAME Land Horrison | |
| 14. BIRTHPLACE (city or town) MA | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy?W |
| 15. MAIOEN NAME Packel J. Thomas 16. BIRTHPLACE (city or town) (State or country) | 23. It death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Durante Oate of Injury 9-22, 19-3 |
| (State or country) | Where did injury occur? 3 ledland. (Specify city or town, county and State) |
| 17. INFORMANT: Your Hourson | Specify whether in in in in in in in in in in in it is in in it is in in in it is in in it is in in it is in in in it is in in it is in it |
| (Address) fridiver the. | a shires of time - Cost St. |
| Place Faire Cem. Date Sept. 29, 1931 | Manner ot injury |
| Date The Date of Hours | Nature of injury Mangalutty ay routh |
| 19. UNOERTAKER Wood Howers 100 | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) frederick Wol. | It so, specity |
| 20, FILED 23-Sept, 1935, dre hi Curde | (Signed) M. D. (Address) F1 reduces M. D. |
| Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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|--|---------------|--|---------------|
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| Chronic interstitial rephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREALL V 5. | | | |
| The second secon | 13 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
| | | | | | |

V. S. No. 1 N. B.—V

| SIAIL O | F MAR | YLAND— | CERTIFICATE OF DEATH | 917 |
|--|---------------------|---------------------------------------|---|----------------|
| The all and ale | | | 210pm | 7 |
| Village or tity - near Plan | | (II | f death occurred in a hospital or institution, give its NAME instead of street and nu | |
| | | | sds. How long in U.S. if of foreign birth?yrsmos. | ds. |
| | | es Runkl | | |
| | Mt.Airy (Usualplace | of abode) | St., Ward. If nonresident give city or town and S | late |
| PERSONAL AND STATISTIC | | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE White | | RIFD, WIDDWED, O (write the word) RIE | 21. DATE OF DEATH 28 | 193 () |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | 22. I HEREBY CERTIFY, That I ettended de | |
| | | | , 19, to | |
| 6. DATE OF BIRTH (month, day, and year) 19 | | | I last saw h, 19, | deeth is said |
| 7. AGE Years Months | Deys | If LESS than I day,hrs. | to have occurred on the date stated above, at | |
| | 29 | ormin. | word or followe: | Date of onset |
| NOTE SAWYER, BDDKKEEPER, etc | Labore | r | automobile Conduct | metant |
| work was done, es SILK MILL, SAW MILL, BANK, etc | | | | anous |
| 10-Date deceased last worked et this occupetion (month and year) | 11. Total ti | me (years) It in this pation | ASSES | 4/2073> |
| 12. BIRTHPLACE (city or town) Frede (State or country) Ma: | rick Co | | Other Coatributor Calass of importance. | |
| | | | lith about | |
| 13. NAME Vernon Rt 14. BIRTHPLACE (city or town) Free (State or country) Man | | Co. | Name of operation 2001 | 2 - |
| The state of the s | ryland | | What test commed diagnosis? ** Wes there an au' | opsy? |
| Fredo | rick Co | | 23. If deeth was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? | 2 200 |
| 16. BIRTHPLACE (city or town) | vland. | | Where did injury occur? | , 19CK2 |
| 17. INFORMANT Vernon Runkles | | | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE | Riguill |
| (Address) R.F.D.Mt.Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | | | | |
| Place Prospect Cemty. | Date Oct | . 1 . 19 35 | Manner of injury | |
| 19. UNDERTAKER 6 m. Matts. (Address) Winfield Md. | | | 24. Wes disease or injury in any way related to occupation of deceased?? | u |
| 20. FILED Sepr31 , 1935 ast | Givelia | genta. | (Signed) Stanley Frately (Address) Waire M | |
| If more be | lanks are needed, a | | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

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| | Example II | |
|---------------|--|---|
| Date of buset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| 192 | Run over by street car | 1 week ago |
| July 5 1927 | Peritonitis | 3 days ago |
| S. | 8 90 | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | | |
| | 1975 1921 July 5 1927 S. | The principal cause of death and related causes of importance were as follows: 1975 Attack of epilepsy Run over by street car July 5 1927 Peritonitis Other contributory causes of importance: |

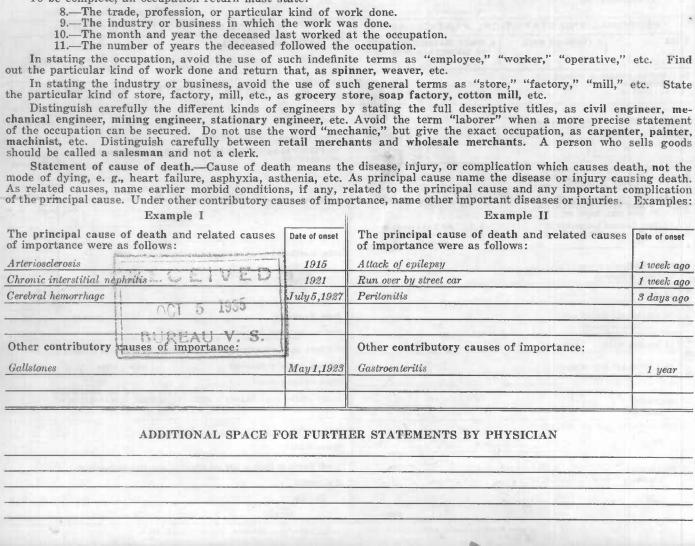
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example 1 | | Example II | |
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| Chronic interstitial nephritis L. L. L. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | L | |



| STATE OF MARYLAND— | CERTIFICATE OF DEATH 9919 |
|--|--|
| 1. PLACE OF DEATH | 210-cm) |
| County Trederick | Registration Dist. No. 13/ |
| Village or City New Frederick | NOW MI. WEST of Thre spanishard |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos. | 4 |
| 2. FULL NAME CHIOTHO Secace | If U. S. Veteran, specify WAR. |
| (a) Residence: No. followstee (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 23, 193 5 (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceesed from |
| 1860 1 46 | 23,1935, to Sex 23, 1935 |
| 6. DATE OF BIRTH (month, day, end yeer) | I last saw h-fin - dive on |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, A |
| No. Trade profession or portingles | were as follows: |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, drub Buow SAWYER, BOOKKEEPER, etc | Darling Strict South |
| A Industry or business in which | morning of |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | my Francisco 2h 23 |
| - I Spontin this | + The la ON. C. |
| year) occupation | Dther Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) Aruf Ruru (State or country) | |
| 13. NAME druk kuru | |
| 13. NAME And Remains | Name of operation 2000 Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? 24 |
| 15. MAIDEN NAME doug Russ | 23. If death wes due to externel causes (VIOLENCE) fill in eiso the following: |
| 15. MAIDEN NAME Over Russel 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did Injury occur? Les (Specify city or town, county and state) |
| 17. INFORMANT Pakens on Cody. | (Specify city or town, county and state) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| (Address) | WESI of Trederid Md |
| 18. BURIAL CREMATION, OR REMOVAL Place Trelie Messend Date Cept 2719.33 | Manner of Injury feels delice the manney |
| 11000 | Nature of injury fractional skell the way |
| 19. UNDERTAKER O. E. B. Charles (Address) | 24. Was disease or injury in any way related to occupation of declased? |
| 20. FILED 27 - Sycho 35. Dro Mandy Registrar, | (Signed) 20 Thomas M.D. (Address) Drederict inf |
| If more blanks are needed, address State Registrate, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| Example I | and the same of th | Example II | |
|--|--|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis! | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | P1 |

B

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 9920 |
|--|--|
| 1. PLACE OF DEATH | 91-2 |
| County I rederick the Cornorate | Registration Dist. No. |
| Village or City Trelevel | No. St., Ward If death occurred in a pospital or institution, give its NAME instead of street and number) |
| | osds. Howlong in U.S. of foreign birth?yrsmosds. |
| 2. FULL NAME Harry & Shel | er 1 |
| (a) Residence: No. M. Examilation (Usual place of abode) | Asil Mard I f nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5e. If married, widowed, or divorced | (Month) (Day) (Yaar) |
| HUSBAND of (or) WIFE of | 22. 3 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF DIRTH (1897 | I last saw h Marie elive on Cert 16 1927; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et 12 1m. |
| 7 // 8 1 day,hrs | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were as follows: Data of onset |
| 8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. | Clert and sent |
| Industry or business in which | Cewia |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| O 10. Data decaasad last worked et 11. Totel time (years) spent in this | |
| year) occupation | Other Coutributory Causes of importance; |
| 12. BIRTHPLACE (city or town) Turnstaling | - Control destroy outside of importance. |
| (State or country) Jud. | - Thesto com Cividens? |
| 13. NAME Oliver Shele 14. BIRTHPLACE (city or town) the state of the s | |
| 14. BIRTHPLACE (city or town) | Nama of operation Date of |
| (Stata or country) | What tast confirmed diagnosis? Clanical Was there an autopsy? 2 |
| 15. MAIDEN NAME Lines Wetze | 23. If death was dua to external causes (VIOLENCE) fill In also tha following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| ∑ (State or country) | Where did injury occur? |
| 17. INFORMANT Walter Sheley | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Sumutabeled Wel | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Plece the with being he Data 9/18, 193 | Nature of injury |
| 19. UNDERTAKER W. J. Sliff | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 16 - Lept 1035. Que f. Marly Registrer. | (Signed) C. Gustin Cleary M. D. (Address) Tuleng M. D. |
| | r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

CEDTICIOATE OF DEATH

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| Example 1 | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis 007 5 1955 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|-------------------|----|-----------|
|----------------|--------|---------|-------------------|----|-----------|

| (946) | | | |
|---|-----------------------|------------------------|------------------|
| 1 | Registration | Dist No. / | 4 |
| No Fred h | 9 of Wood | 7 | Ward |
| eath occurred in a hospital or institu | ution give its NAM | E instead of street an | d number) |
| ds. How long in U.S. if | | угз | |
| If U.S. Veteran specif | w WAR | | |
| | | | |
| St.,Ward. | If nonresident | t give city or town a | nd State |
| MEDICAL C | | E OF DEATH | and Little |
| 21. DATE OF DEATH | 000 | | |
| LI PAIL OF BEATH | Selet | 22 | 103 5 |
| | (Month) | (Oay) | (Year) |
| 2. O IHEREBY | YCERTIE | Y. Dat, lettedie | d deceased from |
| 1 1 4 4 1 | . 19. 5 to | Vala J. | Z. 19.35 |
| I lest sawnalive on | P. B. F. | 19.3 | a; death is said |
| to have occurred on the date stet | 2 | - | , death is said |
| The PRINCIPAL CAUSE OF DEA | | - M. m. | |
| were of follows: | and related cad. | ses of importance | Oate of enset |
| | | · () | |
| Carona | My Dec | Muse | and, s |
| | <u></u> | | |
| | <i>H</i> | | |
| | | | |
| Other Cantributary Causes of Imp | ortance: | | 4.0 |
| | | | |
| | | | |
| | | | , |
| Name of operation | ene. | Date of | |
| What test confirmed diagnosis? | - | Was there e | n autopsy? |
| 23. If death was due to external ca | | | |
| Accident, suicide, or homicide? | | | |
| Where did injury occur? | | | |
| | (Specify city of | town, county and S | tate) |
| Specify whether injury occurred I | iii intoosiki, iii ni | UME, OF IN PUBLIC I | PLACE. |
| Manager of International Control of the Control of | | | |
| Manner of injury | | | |
| Nature of injury | | | |
| 24. Was disease or injury in any v | vay related to occur | pation of deceased?_ | |
| If so, specify . A | ·····/// | | 0 |
| (Signed) | no sem | muy | ella M. D. |
| (Address) _ A | unde | wec/sx | he |

18. BURIAL, CREMATION, OR

19. UNOERTAKER (Address)

Registrar.

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| Example I | A CONTRACTOR OF THE PARTY OF TH | Example II | |
|---|--|--|---------------|
| The principal cause of death and related of importance were as follows: | causes Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREA | اللحال | | |
| 1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

FOR BINDING

ARGIN RESERVED

| 1. PLACE OF PEATH | |
|--|--|
| County Hiederick | Registration Dist. No. 13 |
| Village or City Frederick | No. 106A-FAST 2 nd St., Ward |
| La A | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredmos | ds. How long in U.S. if of foreign birth?ds. |
| 2. FULL NAME SACAM (S. SWALL) | CU.S. Veteran specify WAR. |
| (a) Residence: No. / 16 A East 2 w (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH CAT A |
| Hewale White Married word | (Month) (Day) (Yaar) |
| 5a, If merried, widowed, or divorced | (Month) (Day) (Yaar) |
| HUSBAND OF The Leater Limits. | 22. I HEREBY CERTIFY, That I attended deceesed from |
| Dec 1 1883 | Jula - 1935 to Sept 18 - 1935 |
| 6. DATE OF BIRTH (month, day, and year) percentage | i lest saw n.ze-L. aliva on |
| 7. AGE Yaars Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, et |
|) / / ormin. | were as follows: |
| 8. Trada, profassion, or particular kind of work done, es SPINNER, | myocardelis chrones 1930 |
| SAWYER, BDDKKEEPER, etc | Caldiae Milatalione 1934 |
| work was done, es SILK MILL, Houseufe | Inspiritio (Parenely masones) 1934 |
| kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | |
| year) occupation 22 | Dther Cautributary Causes of Importance: |
| 12. BIRTHPLACE (city or town) Rederich | High blood Premier 1930 |
| (State or country) Mayland. | - |
| 13. NAME George N. Ganvon. | |
| 14. BIRTHPLACE (city or town) | Neme of oparetion Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy?- |
| 15. MAIDEN NAME Myme Wyrdolf. | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| Selection country) // // State or country) | Where did Injury occur? |
| 17. INFORMANT Hesler Sputh, | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. |
| (Addrass) Miderick prod. | |
| 18. BURIAL, CREMATION TO REMOVALT Sout 20.31 | - Manner of injury |
| Plece Date 1939 | Natura of injury |
| 19. UNDERTAKER (Jusol Juneyal Hom | 24. Wes disease or injury in any way related to occupation of deceased? 200 |
| (Addrass) frederick Mc. | If so, spacify |
| 20. FILED/9 - Leph, 19 35. Dra In Carly | (Signed) 1009. N. Lyson, M. D. |
| Registrary) | (Address) - PCL-10651 - WCL |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Chronic interstitial nephritis 01 5 1905 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURLAU V. S. | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks dre needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

OCCUPApluods statement certificate. it may See instructions on back CAUSE OF DEATH in plain terms, important. TION

IARGIN RESERVED FOR BINDING

| I PLACE U | F DEAT | | | |
|--|------------------------------|---------------------|--------------------------------|-----------------------------------|
| County_F | rederi | ck | | TINO BOLL CONT |
| Village or | City Fre | derick | | |
| Length of res | sidence in city | or town where | death occurred | yrsmo |
| 2. FULL NA | MElirs | . Estel: | la Elizabe | eth Sponse |
| (a) Reside | nce: No | 113 E. (| Church (Usual place | of abode) |
| PERSO | NAL AND | STATIST | ICAL PARTI | |
| female | 4. COLOR whit | OR RACE | 5. SINGLE, MARI OR DAVORCEI | RIED, WIDOWED, D (write the word) |
| a. If married, wido HUSBAND of (or) WIFE of | John | | seller | |
| . DATE OF BIRTH | (month, day, | and year) Ji | aly 14, 18 | 357 |
| | ars 8 | Months 2 | Days 13 | If LESS than 1 day,hrs. ormin. |
| SAW MI 10. Date decear this occur year) 2. BIRTHPLACE (c | | Maryla | OC:U | pation |
| (State or cou | intry) | | | |
| 13. NAME CC | rneliu | s Cochri | enn | |
| 13. NAME CC 14. BIRTHPLAC (State o | E (city or tow r country) | n) Mary | land | |
| 15. MAIDEN NA | AME Mar | garet He | eck | Manager 1 |
| 15. MAIDEN NA 16. BIRTHPLAC (State o | E (city or town | n)Wry | land | |
| 7. INFORMANT | | rtle M. erick. J | | |
| 8. BURIAL, CREMA Place Jeff | | | d Gam 9/29 |) ,1935 |
| 9. UNDERTAKER (Address) | | tchison ck, Md. | & Son | |
| o. FILED 28 - A | epl., 19 | d | a & Z. | anes |

Registration Dist. No. No. 113 E. Unuren St.,

th occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?_____yrs.____mos.__ If U.S. Veteran specify WAR. estici Lorge Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH . DATE OF DEATH September 27th. (Month) (Day) Date of onset . If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_______19_____ Where did Injury occur?_____ (Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of injury_ Was disease or ini so, specify

V. S. No. 1

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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU | V | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 200 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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| Arteriosclerosis OCT = 1905 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street-car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis - | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
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| | | | |
| | | | |

V. S. No. 1

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of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 9 | 0 | 0 | 2- | - |
|----|---|---|----|---|
| 0) | U | - | ę. | J |

| 1. PLACE OF DEATH | |
|--|--|
| county bredinch | Registration Dist. No. 14/ |
| Village or City Anovaille | NoSt., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME andrew Tee Stevan | |
| | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH (Month) (Oav) (Year) |
| 5a. If married, widowed, or divorced | |
| HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY, That t attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Dec 18 1937 | t last saw h alive on |
| 7. AGE Years Months Days tf LESS than | to have occurred on the data stated abova, atm |
| 3 9 15 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows: |
| 8. Trade profession or particular | Dragnet 4. Casel |
| Nind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. | d |
| SAW MILL, BANK, etc | 4 anne Thee of le Works |
| o this occupation (month and spant in this year) | a boat was not involved le Ceogg |
| 1. (| Other Cantribntary Canses of Importanca: |
| 12. BIRTHPLACE (city or town) (State or country) | Child's porente live along the Conolo The Child |
| 13. NAME andrew I Share | disappeared. He was favorder assidentally downed. |
| 13. NAME Andrew I Shirten | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Zona Floris | 23. If deeth was due to external causes (VIOL ENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Accident . Oate of Injury |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT My Ling Stevens | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Are Chesapeaks and Thio Course. |
| 18. BURIAL GREMATION, OR REMOVAL | Manner of injury accidental drawning |
| Phinoidslower oate of 1, 193 | Nature of Injury |
| 19. UNOERTAKER PATTZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ | 24. Was disaase or injury in any way related to occupation of deceased? |
| (Address) Dunswick ma | If so, spacify |
| 20. FILEO. Sufel 241935 June 18 8. Hidging | (Signed) M. O. |
| Registrar. | (Address) |

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| BUREAU V. | S. | | |
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| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

PHYSICIANS should state CORD. Every item of infor-

> stated EXACTLY. classified.

AGE should be

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

V. S. No. 1

certificate. properly

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

pe

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH County Frederick | | | THE PERSON NAMED IN | Registration Dist. No. 131 |
|--|--|----------------|--|---|
| Village or | Frederic | k | ()f | No. Fifth & Bentz Streets St., Wardeath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. d |
| | AME Charles Sence: No. Fifth & | Bentz St | eets wo | If U.S. Veteran specify WARNONE |
| PERSO | NAL AND STATIST | (Usual place | | MEDICAL CERTIFICATE OF DEATH |
| . SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MAR | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH (Nonth) (Dey) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Susannah O Stockman | | | cman . | 225 HEREBY CERTIFS the 1 ettended deceased fro |
| | ears Months | Days | 1, 1871 If LESS than 1 day,hrs. | to heve occurred on the date steted above, et |
| 8. Trede, prokind of SAWYE | fession, or particular work done, es SPINNER, R, BOOKKEEPER, etc | Grocer. | ormin. | were as follows: Date of onse The the course Throat Re 31 |
| kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc | | time (years) | Other Coutributory Causes of Importence: | |
| (State or co | Noah Stock | land | | |
| 13. NAME Noah Stockman 14. BIRTHPLACE (city or town) (State or country) Maryland | | | | Neme of operation Dete of Dete of What test confirmed diagnosis? Rusof Cuclum Was there an eutopsy? |
| 15. MAIDEN NAME Elizabeth Wilson 16. BIRTHPLACE (city or town) (State or country) Maryland | | | n | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Mrs. Susannah O. Stockman | | | | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, |
| 18. BURIAL, CREMATION, OR REMOVAL Middletown 9/7/35, 19 | | | 9/7/35,19 | Menner of injury |
| 19. UNDERTAKER M.R. Etchison & Son (Address) Frederick Maryland | | | | 24. Was disease or injury In env wey related to occupation of deceased? |
| 20. FILED 5 - 8 | est -1935 2 | re I ha | Registrary | (Signed) Audress) Audress) M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | |
|--|----------------------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | 9. | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | ECELVED | |
| ADDITIONAL SPACE F | ER STATEMENTS BY PHYSICIAN | SEP 12 1935 | | |
| | | | DEAU V. S. | |

RESERVED

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| Example I | -11 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis OCT 2 1935 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage BUREAU V. S | . July 5,1927 | Peritonitis | 3 days ago | |
| | == | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 9928 |
|--|--|
| 1. PLACE OF DEATH | |
| Village or City near Braddock | Registration Dist. No. 13 |
| | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or lown where death occurred 27 yrs. mos | |
| (a) Residence: No. mean Braddock (Usual place of abode) | , Strud. Ward. Utlandsident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | I last saw hame elive on April 13 dg 1935; death is said |
| 7. AGE Years Months Oays If LESS than 1 day,hrs. | to have occurred on the date stated above, alm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 1 8 Trade profession or particular | were es follows: Oate of one et |
| kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc. | acute accurdants. |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | parallesis: this cause det 13 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at SAPY 8 this occupation (month and 1935 occupation) occupation | of death Seing used for a snowing of and |
| 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causes of importance: |
| D 1-2 | |
| 14. BIRTHPLACE (city or town) Trederica Co | |
| 4. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? Was there an eutopsy? / YO |
| 15. MAIDEN NAME Mary Brown 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) The state of country of the state of country of the state of country of the state of t | 23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Char. Stup. (Address) Palto md. | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR BEMOVAL Place Nex olivex Com Oate Sept 16, 19 3 V | Menner of injury |
| 19. UNOERTAKER & E. Colicie Administration (Address) Frederica med | 24. Was disease or injury in any way related to occupation of deceesed? 200 |
| 20. FILEO/6 Legel., 1935. Dra m. Carolina. | (Signed) / St. J. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | , 8 0 0 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitual nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage 001 5 1900 | July 5,1927 | Perilonitis | 3 days ago | |
| BHIPPAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

of OCCUPA.

| 1. PLACE OF DEATH | | | |
|--|--|--|--|
| County Frederick | Registration Dist. No. 139 | | |
| Village or City STATE SANATORIUM Langth of residence In city or town where death occurredyrs | No. St., War War Grant or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? | | |
| 2. FULL NAME Harry M. Toulson. (a) Residence: No. Chestertown, Route (Usual place of abode) | 2 Kent Coward. Maryland. If nonresident give city or town and State | | |
| PERSONAL AND STATISTICAL PARTICULAR | MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WID OR DIVORCED ("unite the Married" a | 21. DATE OF DEATH Sept. 13 (Month) (Day) (Year) | | |
| 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Nannie Toulson. | July 28 BY SERTIFY. That I attended decaasad from | | |
| 6. DATE OF BIRTH (month, day, and year) March 24 18 | • I last saw h i m alive on Sept . 13 35 death is sa | | |
| 7. AGE Yaars Months Days If LES 1 day, or | The state of the s | | |
| 3. Trade, profession, or particular kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEPER, etc. Journal of Work dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) 1933 spent in this occupation (month 141) spent in this occupation (m | Pulmonary Tuberculosis July 1933 S. Other Contributory Causes of importance: | | |
| 12. BIRTHPLACE (city or town) Mary land. (State or country) Mary land. 13. NAME Thomas W. Toulson. | Tuberculous Laryngitis. | | |
| 13. NAME Thomas W. Toulson. 14. BIRTHPLACE (city or town) Maryland. | Nama of operation none pos Sputation. What test confirmed diagnos Ghest X Ray Was there an autopsy? | | |
| 15. MAIDEN NAME Amanda Baker. 16. BIRTHPLACE (city or town) (State or country) Maryland. | 23. If daath was due to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? | | |
| 17. INFORMANT Harry M. Toulson (Address) Chestertown, Md. | (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 18. BURIAL, CREMATION, OR REMOVAL Chestertown, Md Bata Unknown | Manner of Injury | | |
| 19. UNDERTAKER M.L. Creager, (Address) Thurmont, Md. | 24. Was disease or injury in any way related to occupation of deceased? NO If so, specify A that I have the second of the secon | | |
| 20. FILED 19 Re | At T I tan !! | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example | | | Example II | | |
|---|----------------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as foll | th and related causes ows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | OCT 7 1935 | 1915 | Attack of epilepsy | 1 wcck ago | |
| Chronic interstitial nephritis | 00, 1 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | RUREAU V. S | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

B

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 9930 |
|---|--|
| 1. PLACE OF DEATH | (13) |
| County Transf | Registration Dist. No. 137 |
| Village or City of Man Tell | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Buttude | une Valinture. |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SET COLOR OR BACE 5. SIMELE MARRIED WIDOWED OR DEVORCED write the world | 21. DATE OF DEATH 2 (193 5 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malming | 22. I HEREBY CERTIFY, that I attended decreased from |
| 6. DATE OF BIRTH (month, day, and year) (C, 9, 18) | Mast saw h. A. alive on C death Is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at () m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were stillows: Melmile, Data of onset |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. | and Valrulas |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this negrotion from the industry spent in this | Dissan of Deart, |
| 10. Date deceased last worked at this occupation (Bonth and Spent in Library pear) | |
| 11 Pm al a | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME fraham feddieth. | |
| 13. NAME / ahan feddices, | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| [State or country] | Accident, suicide, or homicide? |
| 17. INFORMANT MANNA Hahm: (Address) Amin Budy Rh | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Union Chapel - Date Stoff DO , 1900 | Nature of injury |
| 19. UNDERTAKER TOWELL Fallwards (Address) Jelgs Lange The | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Dept 30, 1931 - MA Confucer Registrar. | (Signed) MA J. J. J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. M. D. (Ardress) J. (Ardress) J. M. D. (Ardress) J |
| If more blanks are needed, address State Registrar, | 241 I N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example I | | Example II | | |
|---|----------------------|--|---------------|--|
| The principal cause of death and related of importance were as follows: | Pauses Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis 56 C. L. | . 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU | S 15 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| W) | IS IS A PERMANENT RECORD. Every item of infor- be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPA. |
|---------------|--|
| | Every CIANS ement |
| 4 | HYSI t stat |
| | Y. P. Exac |
| D FOR BINDING | MANENT ACTL assified. |
| BIN | PER I EX |
| FOR | IS IS A P |
| А | IS e |

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 9931 |
|--|---|
| 1. PLACE OF DEATH | 0 |
| county Frederick | Registration Dist. No. 13/ |
| Village or City Mulerue | No. Cemeracury Hospital Ward |
| | death occurred in a horpital or relatitution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? (yrs. mos. ds. |
| 2. FULL NAME Harry 11) achter | No VeterAN-1 |
| (a) Residence: No. Fuederlik Md, (Usual place of abode) | (Strunkturn) West Fresterk |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the "td) 5a. If merried, widowed, or divorced HUSBAND of | 21. DATE OF DEATH Systember 19 (Month) (Dey) (Yeer) |
| (or) WIFE of Cora Shull Wachter | Oug. 30 1935 to Sept. 19 1935 |
| 6. DATE OF BIRTH (month, day, and year) Wes. 2.8 1884 | I last sawh alive on Sever 19.35; deeth is sald |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the data stated above, et / 2 m. |
| * 8 Z O 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, | Date of onset |
| SAWYER, BDOKKEEPER, etc. A RAME 9. Industry or business in which | Menangally Seff. 10 |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this pocunation (month and this pocu | 35 |
| 10. Date deceased last worked at this occupation (month end year) | |
| O DESCRIPTION OF THE PROPERTY | Other Coutributory Causes of importanca: |
| 12. BIRTIIPLACE (city or town) (Stata or country) | Just - Les Do |
| 13. NAME Granville Washter | 735 |
| 13. NAME Dranville Washter 14. BIRTHPLACE (city or town) | Name of operation |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Florence Stup | 23. If death wes due to external causes (VIOLENCE) fill in also the following: |
| I 6. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| Me. m 10.6 m | Whera did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT W. M. Stefes, Thoulegue (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION DE REMOVAL | Menner of injury |
| Place Sethel Clase feedlo Date Sept 21, 1935 | Nature of injury |
| 19. UNDERTAKER MILE THEM SON HON (Address) Frederick Mid | 24. Was disease or injury in any wey releted to occupation of decaasad? |
| 20. FILEBY Lept., 1935. Drate he Curdy | (Signed) A Charles M. D. (Address) And M. D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5, 1927 | Peritonitis | 3 days ago | |
| | Other contributory causes of importance | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

V. S. No. 1 щ PHYSICIANS should state

of OCCUPA.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | - F |
| County Frederick | Registration Dist. No. 138 |
| Village or City Mouroura! | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. |
| 2. FULL NAME NOTTION W. Wagner | 7 |
| (a) Residence: No. | St. Ward. |
| (Usual place of shode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORÇED (write the word) Widow | 21. DATE OF DEATH Sept 12th, 1935 (Month) (Pay) (Year) |
| (or) WIFE of John. W. Wagouer. | 22. J. H. EREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 9 / 1-1878 | I last saw h M alive on Seft 12 ,1935; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 6,30 Pm. |
| 57 6 // Iday,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNER. | Carcinoma Data of onest |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this population (month and this popu | Broncha- feneumonia felto |
| work was done, as SILK MILL, doeingown work | Trumony continomes of left breasts 1733 |
| 10. Date deceased last worked at this occupation (month and year) | 79716 |
| 12. BIRTHPLACE (city or town) Maryland. | Other Contributory Causes of importance: |
| (State or country) | metastases in left lung and rectumn |
| 13. NAME Jacob. Shawoaffer | Ino Jeans aga |
| 13. NAME Jacob. Shawbaff D7' 14. BIRTHPLASE (city or town) Navfland' (State or country) | Nama of operation year. Date of 1-14-1927, What test confirmed diagnosis? None Was there an autopsy? No |
| 15. MAIDEN NAME AMA, Ralkey 16. BIRTHPLACE (city or town) Mary latrid; | 23. If death was due to external causes (VIOL ENCE) fill in also the Tollowing: |
| 16. BIRTHPLACE (city or town) Maylatra! (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Ama Shawbaker Ses | Where did injury occur? |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Trederice Ma: Date 9-14, 1935 | Nature of injury |
| 19. UNDERTAKER W. E. F. alcover: | 24. Was disease or injury In any way related to occupation of decaased? |
| (Address) new Market. Md. | If so, specify 9 |
| 20. FILEO Sept 14., 1935 Sucian K. Falsoner Resistar. | (Signed) Shew Market Med, M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows; | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis OCT 3 1930 | 1921 | Run over by street ear | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| The state of the s | 1 2 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | 1 1 | 1000 | | |

15. MAIDEN NAME

(Address)

19. UNDERTAKER

16. BIRTHPLACE (city or town)

(State or country)

7. AGE

OCCUPATION

FATHER

MOTHER

V. S. No. 1

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 9933 |
|--|--|
| 1. PLACE OF DEATH County Fredrick | Registration Dist. No. / 3 / |
| Village or City Montever Emergences No | Meath occurred in a horpital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Walter Waters (a) Residence: No. Walbarwille) md. | ds. ———————————————————————————————————— |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Single OR Divorced (write the word) | 21. DATE OF DEATH Sept. 29 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from 19.35, to Sept 29., 19.35 |
| 6. DATE OF BIRTH (month, day, anglear) 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, et |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) | were as follows: Date of one of Date of one of Date of one of |
| this occupation wonth and 7-35 spent in this occupation. 12. BIRTHPLACE (city or town). Wallet welle (State or country) | Other Contributory Causes of importance: Jeannalie July Sahton |
| 13. NAME Charles Water 14. BIRTHPLACE (city or town) (State or country) Marculand. | Name of operation Date of |

Accident, suicide, or homicide? Where did injury occur (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceesed?

If so, specify

Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example - Frankish and American | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis 1935 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage SUPFAU V. S. | July 5,1927 | Peritonitis | 3 days ago | |
| A Resignation of the last of t | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|--------|---------|------------|----|-----------|
|------------------|--------|---------|------------|----|-----------|

V. S. No. 1

| STATE OF MA | ARYLAND—CE | RTIFICATE | OF | DEATH |
|-------------|------------|-----------|----|-------|
|-------------|------------|-----------|----|-------|

9934

| 1. PLACE OF DEATH | | . , | | 34) | | | |
|--|-------------------|----------------|----------------------|---|---|---|-------------------|
| County Fr | ederie | h | | | Registration Di | st. No. / C | 0 |
| Village or City | -10000-1- | eysti | | ND. death occurred in a hospital or institut | ion, give its NAME i | St.,St., | |
| Length of residence in city | or town where dea | CM occurred | yrsmos | ds. How long in U.S. If of | r toreign birth/ | yrsmo | osds. |
| 2. FULL NAME | alha | your . | pred | If U.S. Veteran spec | cify WAR | | |
| (a) Residence: No | Cuch | Wasual place | own | St.,Ward. | If nonresident ou | ve city or town and | State |
| PERSONAL AND | STATISTIC | 4 | | MEDICAL CE | ERTHFICATE | | State |
| 3. SEX 4. COLOR | | | RIED, WIDOWED, | 21. DATE OF DEATH | 11 | 0: | - |
| Female Cole | red | OR DIVORCE | (rwite the word) | - A | Month | War S | , 193.5 (Year) |
| 5a. If married, widowed, or divorce HUSBAND of | ď | // | | - 1 | ,,,,,, | 7 | |
| (or) WIFE of | | | | 22. HEREBY | CERTIFY | , that lattended | deceased from |
| | · · · · · · · | ent. 9 | 1935 | I Jest saw h. S. Y. alive on | | 19 | 1900 |
| 6. DATE OF BIRTH (month, day, a 7. AGE Years | Months | Days | If LESS than | to have occurred on the date state | / | 5 _{m.} | _; death is sald |
| | | | ormin. | The PRINCIPAL CAUSE OF DEAT were as follows: | H and related causes | of importance | Date stonset |
| 8. Trade, profession, or parti- kind of work done, as | | | | 1 | 12. | 11 | /// |
| SAWYER, BDDKKEEPE 9. Industry or business in w | R, etc | | | (semalus | e Qu | ech, | depla |
| kind of work done, as SAWYER, BDDKKEEPE 9. Industry or business in w work was done, as SIL SAW MILL, BANK, etc. 1D. Date deceased last worker this occupation (month this occupation (month) | K MILL, | | | | | • | 1935 |
| 1D. Date deceased last worker | i at | 11. Total ti | me (years) | | | | |
| O this occupation (month year) | and | - spar | ntin this epation | | | | - |
| 12. BIRTHPLACE (city or town) | Burke | into | r.). | Other Contributory Causes of Impo | rtance: | | |
| (State or country) | | 1 | | Mitte Le | blet | ' | |
| 13. NAME Harry | 1/1/0 | eda | | J. Winner Jag | | | |
| 13. NAME Parry 14. BIRTHPLACE (city of town | 7/0 | 2 7/ | :00 | Name of operation | | Data of | |
| (State or country) | Fret | eriel | er. | What test confirmed diagnosis? | | | autoney? |
| 15. MAIDEN NAME | 200 7 | The | Mariona | 23. If death was due to external cau | | | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town | Day | lis. | | Accident, suicide, or homicide? | | | |
| 16. BIRTHPLACE (city or town (State or country) | m | d Fx | ed. Co- | | | | |
| 17. INFORMANT. Harr | 1 We | edo | \ | Where did injury occur? Specify whether Injury occurred in | (Specify city or to INDUSTRY, In HDM | wn, county and State E, or in PUBLIC PL/ | e) ACE. |
| // | oval m | d. Sep | × 10,35 | | | | |
| 10 5 | - 101 | | Ho | Nature of injury. | | | |
| 19. UNDERTAKER | De De | 106 | ned | 24. Was disease or injury in any wa | ay related to occupati | on of deceased? | |
| (Address) | 2 1 5 | | / | If so, specify | 10 1 | Take | |
| 20. FILED 195 | 24 | L. J. L. Marie | Paristra | (Signed) | walnus | md. | |
| | | | Registrar. | " (Audiese/Calal | CONTRACTOR SALVE | 3-14/91 | |

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| E | xample I | | Example II | | |
|---|----------------|--------------|--|---------------|--|
| The principal cause of death and related causes vator of importance were as follows | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1003 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | Odil | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V. | July 6, 1927 | Perilonitis | 3 days ago | |
| | | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

V. S. No. 1

(Address)

| state UPA. | W CORPORATE LINES ST | ATE OF | MAR | YLAND- | | | | |
|--|--|---------------------|-----------------------------|------------------------------------|--|--|--|--|
| | 1. PLACE OF DEATI | H - 1 | | | | | | |
| should of OCC | County Van | news | | | | | | |
| should of OCC | Village or City | mou | - Br | | | | | |
| . 70 | Length of residence in city | or town where death | occurred | 3_yrs | | | | |
| Every MANS | 2. FULL NAME 2 | on Ho | ana. // | with | | | | |
| | (a) Residence: No. | L | Ny s | | | | | |
| Sta sta | (a) Residence. No | | (Usual place | of abode) | | | | |
| RECC. PE Exact | PERSONAL AND | STATISTICA | L PARTI | CULARS | | | | |
| ~ ' | Innle Wh | 1.7 | SINGLE, MARI OR DIVORCED | RIED, WIDOWED, (write the word) | | | | |
| PERMANENT EXACTLI Ly classified. | 5a. If married, widowed, or divorce HUSBAND of (or) WIFE of Cathery | . / | s Wethe | rholtz | | | | |
| EX EX y cla | 6. DATE OF BIRTH (month, day, a | and year) Jan i | 30 | 1853 | | | | |
| . 70 27 9 | 7. AGE Years | Months | Days | If LESS than | | | | |
| IS A stated proper certification | 82 | 7 | 14 | ormin. | | | | |
| K—THIS nould be may be back of | Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and spant in this spant in this | | | | | | | |
| NFADING INF oplied. AGE sh erms, so that it instructions on | year) occupation | | | | | | | |
| d. d. | (State or country) | 0 | | | | | | |
| UNFA upplied terms, | 13. NAME Lacot | - wethe | rhot | 4 | | | | |
| 20 - 00 | 13. NAME A COLONIA TO THE STATE OF THE STATE | n) | 1 | J | | | | |
| WITH fully an plair nt. Se | 15. MAIDEN NAME | ~ | Bu | mes | | | | |
| 9 8 | 16. BIRTHPLACE (city or town (State or country) | n) | 100 | | | | | |
| | 17. INFORMANT Mus A | F Son | of her | md | | | | |
| Sh Sh | 18. BURIAL, CREMATION, OR REP | MOVAL va | ate Sign | 4 14 , 193 | | | | |
| mation CAUSI | 19. UNDERTAKER ON | Fiztz & | son | 2-0 | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH 3935

| 82-2 |
|--|
| Registration Dist. No. 14 |
| NoSt.,Ward [If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds. |
| If U.S. Veteran specify WAR. |
| |
| St., Ward. If nonresident give city or town and State |
| MEDICAL CERTIFICATE OF DEATH |
| 21. DATE OF DEATH O A 12 |
| (Month) (Day) (Year) |
| 22. HEREBY CERTIFY, That I attended deceased from 1939, to 1935; death is said to have occurred on the date stated above, at 1945. |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| were as follows: Date of onset Date of onset |
| Other Contributory Causes of importance: |
| Name of operation Dete of Dete of |
| What test confirmed diagnosis? Was there an autopsy? |
| 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| Accident, suicide, or homicide? Date of injury, 19 |
| Where did injury occur? |
| (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| Manner of injury Nature of injury |
| 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. |
| (Address) & remsulting |

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| | i i | Example II | | |
|--|---------------|--|---|--|
| ed causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| | 1915 | Attack of epilepsy | 1 week ago | |
| The state of the s | 1921 | Run over by street car | 1 week ago | |
| ED | July 5,1927 | Peritonitis | 3 days ago | |
| 10 15 | | | | |
| 1 1 | | Other contributory causes of importance: | | |
| . S. 11 | May 1,1923 | Gastroenteritis | 1 year | |
| | ed causes | 1915 1921 July 5, 1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

V. S. No. 1 B OCCUPA-

Jo

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE | OF DEATH | | | | 940 | |
|---|--|--|------------------------------|---|---|----------------------|
| County | Frederi | ek | | | Registration Dist. No. | 136 |
| Village or Length of r | , | cers Va | | lau Wu 50 yrs mos | | -, Ward |
| The second second | | | Whitmor | | If U.S. Veteran specify WARNONE | |
| | | | alley W | ear Urba | Ward. If nonresident give city or tow. | n and State |
| PERSO | NAL AND | STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEAT | |
| 3. SEX Male | 4. COLOR O | te | 5. SINGLE, MAR OR DIVORCE | RRIED, WIDOWED, D (write the word) Single | 21. DATE OF DEATH September 4, (Month) (Day) | , 193 5 (Year) |
| Sa. If married, wid HUSBAND of (or) WIFE of | owed, or divorce | 1 | | | 22. I HEREBY CERTIFY. That I atte April 4, 19 35, to July 19 | nded deceased from |
| 70 | ears | Months 1 | July 24. | If LESS than 1 day,hrs. | I last saw him alive on July 19, 19 to have occurred on the date stated above, at 1:30 Am. M | Date of onset 3 5 |
| 9. Industry o work y SAW N | fession, or partic f work done, as S ER, BOOKKEEPER r business in wh was done, as SILK IILL, BANK, etc ased last worked cupation (month | SPINNER, R, etc siich (MILL, | Farm 11. Total t | Farmer ima (years) nt in this upation 50 | Found dead in bed | 9-4-00 |
| 12. BIRTHPLACE (| (city or town) | | | o patient | Other Contributory Causes of importance: Myocarditis, chronic | Unknov |
| 13. NAME | Willia | m Whitn | iore | | | |
| (State | CE (city or town) or country) | | vland | | Name of operation Dete | of |
| 15. MAIDEN | IAME S | arah Br | ubeck | | 23. If death was due to external causes (VIOLENCE) fill in also the foll | |
| | CE (city or town) or coun'ry) | | ryland. | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Accident, suicide, or homicide? Date of Injury | , 19 |
| 17. INFORMANT(Address) | Bakers | Valley | M. Whitmo | | (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI | d State) C PLACE. |
| 18. BURIAL, CREM | | | Date 9/6 | | Manner of injury | |
| 19. UNDERTAKER . (Address) | | tchison | | | 24. Was disease or injury In any way related to occupation of deceased If so, specify | NT. |
| 20. FILED | £6, 19.2 | 3=40 | Hul | hu eleser | (Signed) Frederick, Mary 1 | and on Ley. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | 97 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|----------------|-------------------|----|-----------|
|------------|-------|-----|----------------|-------------------|----|-----------|

BINDING

FOR

RESERVED

ARGIN

S. No.

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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF | MARYL | AND-CERT | IFICATE | OF | DEATH |
|----------|-------|----------|---------|----|-------|
|----------|-------|----------|---------|----|-------|

| | | CERTIFICATE OF DEATH 9938 | |
|------------|---|--|---|
| | 1. PLACE OF DEATH | 108 | |
| 17 | County Frederick Withhe the Corners House | Registration Dist. No. / 2 | |
| | Village or City Frederick | No. 153 W. All Raints St. Ward | |
| | Length of residence in city or town where death occurredyrsmos | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign blrth?yrsmosds. | |
| | 2. FULL NAME Emma Nay Zedricks (a) Residence: No. 153 W. All Saints (Usual place of abode) | St., Ward If nonresident give city or town and State | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH September 21 , 193 (Year) | |
| 5a | . If married, widowed, or divorced HUSBAND of (or) WIFE of | (Month) (Oay) (Year) I HEREBY CERTIFY, That I attended deceased from 193, to 21, 193 | - |
| 6 | DATE OF BIRTH (month, day, and year) Wass 2 1878 | I last law h er elive on 1936: death is said | |
| - | AGE Years Months Oays If LESS than | to have occurred on the date stated above, a 12:20 P. M. | |
| | 57 4 19 1 day,hrs. | | |
| LION | 57 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper | Oate of onset | |
| PA | 9. Industry or business In which work was done, as SILK MILL. | | |
| OCCUPATION | work was done, as SILK MILL, SAW MILL, BANK, etc | Un. Chaiss & throat | |
| 12 | BIRTHPLACE (city or town) Maryland (State or country) | Other Coutributary Causes of Importance: | 1 |
| ER | 13. NAME Unknown | | |
| FATHER | 14. BIRTHPLACE (city or town) | Name of operation | • |
| 02 | 15. MAIDEN NAME Unknown | What test confirmed diagnosis? Was there an au'opsy? | U |
| MOTHER | 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? | |
| | INFORMANT Samuel Whiten (Address) 153 W. All Saints St, Fredk, Md. | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. | Burial, Cremation, or removal Farview Cem. Place Frederick, Md. Oate Sept, 23 19 35 | Manner of injury | |
| 19 | UNDERTAKER MeR. Etchison& Son (Address) Frederick, Md. | 24. Was disease or injury In any way related to occupation of deceased? | |
| 20. | FILEO 23- Sept, 1925. Dre In Circles Register. | (Signed) M. D. | |

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| | Example I | 1 | Example II | |
|---|-------------------------------------|---------------|--|---------------|
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| Cerebral hemorrhage | UCI 9 1999 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If nonresident give city or town and State

(Day)

CERTIFY That J attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Date of onset

23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury______ 19.

(Specify city or town, county and State)

24. Wes disease or injury in any way related to occupation of deceased?

(Address) ____

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| Cerebral hemorrhage CT 5 | July 5, 1927 | Perilonitis | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |